WORK ADJUSTMENT AMONGST EXPATRIATE AND LOCAL NURSES IN KUWAIT: A COMPARATIVE INVESTIGATION USING THE JD-R MODEL

BY

HAYAT ALI

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Declaration

I Hayat Ali declares that this thesis, which is being submitted to the University of Stirling for examination in consideration of the award of Doctorate of Philosophy is a result of my own work. Due acknowledgements have been made within the texts where exhibited contents were a consequence of input or data from associated studies in a way that it is possible to assure the extent of my own work. This work has not been a basis of any other degree or research and reasonable care was undertaken to ascertain its originality and authenticity. To the best of my knowledge, neither this work is in breach of any copyright law, nor has it been extracted from other sources, except where such work has been duly referenced and acknowledged within the text.

Signed: Hayat

Name: Hayat Ali

Date: August 2018

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Abstract

This study examines the work adjustment of expatriate nurses working in the healthcare sector from a developed country perspective. The central aim of this study is to focus on the relationship between job demands, job resources, burnout, engagement and work adjustment among expatriate nurses, and to identify the predictors affecting their work adjustment and engagement. With specific reference to public general hospitals in Kuwait, in which expatriate nurses are employed alongside locals, the study investigates the ways in which the job demand-resource (JD-R) model is applicable to the study of expatriate nurses, as well as whether the job demands and resources of expatriate nurses is different from that for local ones. Although the JD-R model, in recent years has received a lot of attention from scholars and practitioners, still there is a gap in the literature regarding its application in an international work context. Only a few studies have so far examined the link between the JD-R model and expatriate work adjustment.

The study employed a systematic literature review. On this understanding of the purpose of this study, a literature review was undertaken. Given this deficit in the literature, the aim of this study is to make a theoretical contribution to how the JD-R model can be applied to analysing and understanding work adjustment in the international work context through conducting a comparative-empirical study of the expatriate and local nurse workforces.

In order to achieve this, the study employed exploratory sequential mixed methods. For the qualitative study, non-probability purposive sampling (n = 25) was administered at five public general hospitals in the state of Kuwait. For the quantitative study, a cross sectional questionnaire was administered by registered nurses (n =537) working on different wards in five public general hospitals in Kuwait.

The findings of this study confirm that the framework can indeed successfully be applied to examine the job Demands-Resource model and work adjustment of the expatriate nurse workforce. Several differences were found between the local and expatriate nurses' perceptions regarding their job demands, resources and work adjustment. Also, the study found that the mediation model made the main contribution. This is a new interpretation and understanding of how the variables related to job demands and job resources are mediated by and related to work adjustment. The findings of this study suggest a distinct need for future investigation to explore whether the model can be applied to other workforces involving

healthcare professionals or other occupational sectors to see its transferability. From a practitioner's perspective, Job Demand Resource model provides a deeper insight into how job demands and resources lead to burnout and excessive work engagement, enabling practitioners to incorporate these factors in ways which fosters a congenial work environment; yet, these findings must be treated with caution. Overall, the study encompasses several theoretical, empirical and practical contributions to the field.

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Chapter 1

1.1   Introduction

This chapter presents the introductory information for the study on work adjustment in international expatriate nurses. It begins by describing the theoretical and contextual background, and then identifies the research gap and research aims and questions. The research objectives are then outlined. Theoretical and practical relevance was discussed. Finally, the structure of this thesis is laid out.

1.1.1   Context of the study

Work adjustment in the healthcare sector has been a topic of great interest among researchers and practitioners around the world. In order to attract and retain competent and qualified healthcare professionals, nurses, and caregivers, healthcare organisations are opting to create work conditions that promote and sustain employee motivation and wellbeing (Atefi et al., 2015; Al-Kandari and Thomas, 2008). The literature shows that healthcare providers are facing increasing challenges in terms of planning healthcare workforces, balancing workforce supply and demand, and ensuring that the right healthcare professionals are in the right place at the right time, equipped with the right skills to deliver the right job (Rodwell et al., 2013; Farsi et al., 2010; Al-Jarallah et al., 2009). Furthermore, in diverse healthcare workforces, in which large numbers of expatriate nurses work alongside locals, the work adjustment situation is much more complex and difficult to manage (Margaret et al., 2012; Breiden et al, 2004). In this regard, it has become crucial to understand how expatriate healthcare workers feel about their work or workplaces. While a wealth of literature is available on workplace adjustment in the healthcare sector (see Bernotaite et al., 2017; Demerouti et al., 2012; Al-Kandari and Thomas, 2009), it fails to provide insights into these crucial aspects, which would make it easier for healthcare providers to understand the job demands and resources of their workforces. Thus, the right resources could be targeted to create employee work adjustments, which could possibly lead to higher levels of motivation and job satisfaction among both local and expatriate employees.

This study examines the work adjustment of expatriate nurses working in the healthcare sector from a developed country perspective. The central aim of this study is to focus on the relationship between job demands, job resources, burnout, engagement and work adjustment

among expatriate nurses, and to identify the predictors that affect their work adjustment and engagement. With specific reference to public general hospitals in Kuwait, in which expatriate nurses are employed alongside locals, the study investigates the ways in which the job demand-resource (JD-R) model is applicable to the study of expatriate nurses, and, whether the JD-R model of expatriate nurses is different from that for local ones.

In this study, the focus is upon the State of Kuwait—a sovereign emirate located on the Arabian Gulf. It is an economically and technologically advanced country, the per capita income of which (US\$ 69,669—5th in the world) stands well above that of many other emerging and developed ones (IMF, 2017). One of the main reasons for choosing Kuwait for this study is its unique ratio between local and expatriate populations. Of its total population of 4.4 million people, only 1.3 million are Kuwaitis, while 3.1 million (71%) are expatriates (PACI, 2017). In regard to the country's healthcare sector, an acute shortage of nurses can be observed. There are currently close to 24,000 nurses working in Kuwaiti hospitals—which translate into 5.9 nurses per 1,000 people—of which Kuwaitis represent only 6% (Gulfnews, 2017). The country spends only 3% of its GDP on its healthcare sector; this is relatively low when compared with other advanced economies of the world, which spend more than 9% (Zawya, 2017). This reflects the country's inadequacy in terms of healthcare spending, as its overall healthcare infrastructure does not meet the standards set by the developed world (Al-Kandari and Thomas, 2009). Experts believe that, to cater to its growing demand for better healthcare services, the country now requires a significant influx of nurses in its healthcare system (Al-Jarallah et al., 2009). Hence, a supply and demand gap analysis should be carried out, based upon the numbers of local and expatriate nurses (Zawya, 2017). Further, there is growing speculation that, as the country's healthcare system is already inadequate, an above average population growth would probably lead to the collapse of the system unless suitable measures are immediately put in place.

The Ministry of Health (MoH), which monitors and regulates both public and private hospitals and medical centres, is the largest healthcare provider in Kuwait. The country is divided into five health regions, with one general hospital for each (Al-Jarallah et al., 2009). Nurses working in MoH public hospitals follow a mandatory rotation pattern that consists of three fixed duty shifts covering 24 hours: (i) morning (7am to 2pm), (ii) evening (2pm to 10pm), and (iii) night (10pm to 7am) (Al-Kandari and Thomas, 2009). The working week consists of six days, and nurses are expected to work one or two evening shifts per week and

a minimum of five night shifts per month. Most hospital wards are managed by registered nurses, without any ward assistants, assistant nurses, or enrolled nurses (Al-Kandari and Thomas, 2009). Contrary to popular belief (see Al-Kandari and Thomas, 2009), there are no gender-specific work situations in Kuwait; male and female nurses work together in the various hospital sections (e.g., emergency and surgery) and wards, although the practice of appointing male nurses to male wards and female nurses to female wards is common.

Kuwait's health care delivery system has developed rapidly. From the World Health Organisation (2015) report Kuwait's Ministry of Health (MoH) has expanded to provide approximately ninety percent of all health care services in the country through a three-tier health care delivery system of primary, secondary and tertiary care. Both the public and private sectors provide health and medical care, with primary health care provision restricted to the public sector. Although health care is free at point of use for all Kuwaiti nationals, from 1999 onwards, expatriates have been obliged to pay a nominal fee for accessing health care services (Shah et al. 2001) and this continues to the present day.

Similar to the UK NHS, Kuwait provides healthcare to Kuwaiti citizens free at the point of delivery. There are Primary Health Care centres (PHCs) which are the main points of access to health care services for Kuwaiti citizens, with 74 PHCs spread over 6 administrative regions offering polyclinic services. Services provided include general practitioner services, general and family health clinics, maternal and childcare clinics, as well as diabetes, dental and preventive care clinics. School health services, ambulance services and police health services are also available (World Health Organisation 2006).

Secondary care is provided through six regional hospitals, one for each administrative region, with an overall capacity of 2500 beds. These hospitals are supported by feeder PHCs, a regionalisation of the health care system that offers substantial improvements regarding the efficient delivery of services. Each hospital includes a general hospital and a health centre, alongside specialist clinics and dispensaries. In addition to the six regional hospitals, Kuwait has 9 additional hospitals dedicated to specialist services, including maternity, infectious diseases, mental health and cancer care. This brings the Kuwaiti health service's total bed capacity to 4575, with the year-round bed occupancy across the past five years averaging sixty percent. It is also crucial to note that, despite this moderate bed occupancy and increasing pressure on primary health care services, these fifteen hospitals account for the

largest single proportion of the total health budget by a significant margin (World Health Organisation 2006).

Tertiary health care provision is made possible by a national network of specialised hospitals and clinics. This network exists in parallel to the regional administration of primary and secondary health care, working across the borders of the six administrative health care regions. However, despite the aims of the MoH to provide comprehensive health care services to all Kuwaiti citizens, private hospitals and clinics continue to thrive in Kuwait's healthcare economy. These private sector providers focus on curative services, and make limited contributions to the MoH's preventive service objectives. Moreover, the MoH has begun to regulate the construction of new private hospitals to ensure that these are distributed equally across the six regions. This focus on equal distribution arises at least partly due to the perceived discrepancies in quality between the private and public sector health care provision, and private health care is largely the preserve of Kuwaiti citizens of higher socioeconomic status (World Health Organisation 2006).

Therefore, unlike the UK NHS, the growth in private sector health care provision is nonetheless encouraged by the Kuwaiti government with the overall aim of increasing its role in service provision and improving investment in the health sector as a whole. This encouragement takes the form of the MoH granting licenses for aspects of provision by private sector organisations, with the MoH retaining oversight and quality control over the services provided. The increasingly close relationship between the public and private sector health care is also fostered by public sector practitioners being permitted to practise in the private sector in addition to their public sector work (World Health Organisation 2015).

Within the last five years, the Kuwaiti MoH has approved 35 applications by private companies to establish hospitals. This dramatic rise in approvals comes alongside the recent decision to allow cooperative societies, private hospitals and individuals to open clinics for private general practice in residential areas. As a result, the MoH has established a new department for private sector oversight and licensing, with nascent plans in place for the establishment of health insurance hospitals and the privatisation of some specialist public health care services, including radiology, nuclear medicine, nursing and laboratory services.

At the root of this growth in private sector health care remains Kuwait's reliance on non-Kuwaiti health professionals to support the expansion of its health care provision. These

strategic personnel shortfalls, together with a significant variation in the quality of services provided, suggest that substantial reform of the health care system's recruitment is urgently required. Current estimates suggest that these deficiencies will take years, if not decades, to rectify (World Health Organisation 2015).

Thus, despite the substantial improvements in health care provision, the MoH's planning retains a focus on expanding hospital services through both public and private sector means. As noted above, this is costly both in the medium and long term. I argue that the MoH's priorities should instead be focused on the World Health Organisation agenda of reducing ill health and the burden of disease through programmes that secure the health of the whole population. This would imply a shift in resources and mindset away from the present, narrow focus on curative services towards a more public health-oriented model that includes the prevention of chronic diseases and a reduction in the risks of ill health.

1.1.2   Global mobility and self-initiated expatriation

The emerging phenomenon of individuals who pursue their careers trans-nationally without the direct support of an organization constitutes a crucial new trend in international assignments (Carr, Inkson and Thorn, 2005). Such individuals, who make the personal decision to live and work abroad, have been labelled self-initiated expatriates (SIEs) (cf. Peltokorpi and Froese 2009; Selmer and Lauring 2010; Tharenou and Caulfield 2010). They relocate abroad, often resigning from employment in their home country, with the expectation of finding employment in the host location. In a minority of cases they may acquire work before they relocate (Suutari and Brewster 2000; Thang, MacLachlan and Goda 2002; Bozionelos 2009). For SIEs, the impetus for leaving the home country comes from the individual, not an employer or organisation (Richardson and Mallon, 2005).

SIEs are the subject of a rapidly emerging academic literature. However, given the importance of this group to studies of global labour and employment, the prevailing lack of conceptual coherence in definitions of SIEs remains a key problem (e.g. Selmer and Lauring, 2012). This problem is underlined by the increasing globalization of the labour market, which indicates that the number of SIEs is likely to rise. Second, international organizations of all kinds, from multinational corporations (MNCs) to internationalizing universities, depend on SIEs to meet their needs for professionals and international managers (Suutari and Brewster 2000; West and Bogumil 2000; Banai and Harry 2004).

A critical component of this problem remains the plurality of terms used to describe SIEs. Despite the prevalence of the term 'SIE' in current literature (cf. Peltokorpi and Froese 2009; Selmer and Lauring 2010; Tharenou and Caulfield 2010; Tharenou 2013), early literature sources use different labels for SIEs such as 'overseas experience' (OE) (Inkson, Arthur, Pringle and Barry 1997), 'self-initiated foreign (work) experience' (SFE) (Suutari and Brewster 2000; Myers and Pringle 2005), 'self-selecting expatriates' (Richardson and McKenna, 2003) and 'self-initiated international work opportunities' (Tharenou, 2003).

Central to the expatriate status of SIEs is their intent, at the moment of their departure from the home country, to repatriate one day (Dorsch et al. 2012). Moreover, the most common form of SIE is a person hired as an individual on a contractual basis rather than being transferred overseas by a parent organization (Al-Meer 1989; Bhuian, Al-Shammari and Jefri 2001; Lee 2005; Andresen and Biemann 2012). This further reinforces their expatriate status: they are neither immigrants nor short-term travellers (sojourners) (Richardson and Zikic 2007). Rather, they are foreign national employees temporarily living 'ex-patria', usually for the period of two to five years (Guzzo, 1997). A key requirement of inclusion in the SIE category is an individual's intent on regular employment. This would thus exclude sojourners, who may be foreigners only visiting for very short periods of time, and allows for time in-between jobs. It is equally important to exclude immigrants from this category: only individuals intent on a temporary stay in the host country may qualify as SIEs. This then precludes immigrants from being SIEs as they have, as their defining feature, undertaken international relocation with a very long or permanent time perspective in mind (Cerdin et al. 2013). Haslberger and Vaiman (2013, p. 4) note the 'temporary nature intended' within a self-initiated expatriation, 'even if open ended'.

Conventionally, expatriate status has predominantly been awarded to individuals with skilled or professional qualifications. Thus Haslberger and Vaiman (2013) associate a self- initiated expatriation with a high skill level, whilst Al Ariss and Ö zbilgin (2010, p. 276) note that 'self-initiated expatriation is also considered a career- enhancing experience'. For Harrison and Michailova (2013) and McNulty (2013), an individual's adoption of SIE status centers on personal- and career- oriented aspirations. Self-initiated expatriation is characterized by 'an intentionally global orientated career' (Altman and Baruch 2013, p. 20). Skilled or professional qualifications thus often form prerequisites for such a move.

Criteria for SIEs:

1. Self-initiated international relocation

The claim that SIEs choose to expatriate, to a country of their choice, may appear to naturally align with the criterion of self-initiated international relocation, but the individual may feel at least some compulsion to relocate internationally. Such decisions can involve a multitude of factors that lie wholly or partially outside the situation of the individual. For example, a decision to move abroad could be based on family circumstances, or the economic, political, societal and religious context at home and/or in the host country (Al Ariss 2010; Al Ariss and O zbilgin 2010). It is thus inherently difficult to capture the process of self-initiation. Thus, for example, those persecuted in their home country and moving as refugees would not normally be considered SIEs. Haslberger and Vaiman (2013, p. 4) make this distinction by stating that SIEs, 'unlike refugees, [they] are drawn by the opportunities and challenges of an international move and do not flee political strife, violence, or economic squalor'.

Another key issue is secondment, where employers transfer individuals to another country. This is customary in the accountancy industry, for example, especially in large MNCs (Beaverstock, 2005). In such cases, the initiative will often come from the individual, but the organization provides the position and supports the move abroad (Thorn, 2009). Hence, although seconds tend to be self-initiated, the individual remains employed by a home country organization that sponsors and organizes the transfer. Consequently, such expatriates are not SIEs.

Although the criterion of self-initiated international relocation generally precludes any involvement of an organization at the home location of the individual, some SIEs acquire their job before they relocate to the host location (Suutari and Brewster 2000; Thang et al. 2002; Bozionelos 2009). In such cases, the employing organization in the host location may provide full or partial financial sponsorship for the relocation. This phenomenon remains common among universities recruiting international staff members, for example. This differs distinctly from the situation of OEs and their families, who could receive concrete and practical assistance in situ to settle down in the host location (Harvey and Moeller, 2009). Notwithstanding, such circumstances may well not invalidate the self-

initiated status of the SIE: the employment was acquired on the initiative of the person in question, with no home country organization responsible for assigning the individual abroad.

2. Skilled/professional qualifications

This criterion requires that SIEs have skilled or professional qualifications to be able to access foreign labour markets. Haslberger and Vaiman (2013, p. 4) characterized self-initiated expatriation by the 'high skill level' of the individuals concerned. Precisely what constitutes such a 'high skill level' is not easy to define, however, as it may involve considering a large range of qualifications of different levels and types, as well as experience and skills not formally recognized by qualifications. One way of resolving this definitional problem would be to consider all skilled/professional qualifications without categorizing them by level. In this model, hairdressers and bakers would constitute examples of skilled/professional qualifications denoting eligibility for being categorized as an SIE. Thus Al Ariss (2012, p. 237) notes that SIEs 'are stereotyped… as possessing skills and qualifications that are transportable across countries'. Nonetheless, this formulation invites serious consideration as to whether skilled or professional qualifications are necessary to qualify as an SIE, or, for that matter, any kind of expatriate (e.g. Chang, Gong and Peng 2012).

1.1.3 Statement of the Problem

Recent empirical investigations conducted by academics have produced a long list of job demands, job resources, burnout and engagement found among healthcare professionals in several Arab and Gulf contexts (see Bogaert et al., 2014; Al-Ahmadi, 2013, Al-Hosis et al., 2012; Dinc and Gastmans, 2012). A handful of studies have also used the JD-R model to investigate the job demands and resources linked to different aspects of work orientation and impacts (see García-Sierra et al., 2016; Mauno et al., 2016; McVicar, 2015; Laschinger et al., 2012). While these studies expand our knowledge immeasurably, they fall short of shedding light on the work adjustment situations of expatriate nurses working in the healthcare sector. Therefore, little is known about the applicability of the JD-R model to the investigation of the job demands and resources of expatriate nurses working in Kuwaiti hospitals; furthermore, the degree to which these are similar or different to those of their local counterparts is relatively unknown.

This study, therefore, chooses the JD-R model to investigate the work adjustment of expatriate nurses in the Kuwaiti healthcare sector. The rationale for choosing the JD-R model for this study is, firstly, the JD-R model attempts to overcome the limitations of earlier theories by offering an over-arching, flexible and balanced model that considers the stress and motivation research traditions (Bakker and Demerouti, 2016; Bakker and Demerouti, 2017). It is one of the leading frameworks and has been applied as a conceptual framework in previous nursing studies (see Clausen et al., 2012; Laschinger et al., 2012; Moloney et at., 2017; Grover et al., 2018; Roelen et al., 2018; Van der Heijden et al., 2018). Secondly, this model was chosen because it incorporates many possible working conditions and focuses on both the negative and positive indicators of employee wellbeing (Bakker and Demerouti, 2017). A recent systematic review, examining the extent of support for the JD-R model in different domestic and cross-national settings (Wilcox and Kittler, 2011; Rattrie and Kittler, 2014)), points out its potential as a valuable tool for understanding both local and expatriate nursing experiences. However, despite the increasing popularity of the JD-R model, a gap in the literature exists in regard to its utility in relation to the expatriate nursing work context. This means that scholars and practitioners are uninformed about the applicability of this model to organisations that operate internationally and deal with diverse workforces. Given this deficit in the literature, the aim of this study to make a theoretical contribution to how the JD-R model can be applied to analyse and understand work adjustment in the international work context through a comparative-empirical study of expatriate and local nurse workforces. Nonetheless, the versatility of the model facilitates its application to a wide range of occupational sectors, and researchers have used it to study employee work adjustment. Hence, the model is considered a suitable framework for this study.

1.2   The objectives of the study

1. To focus on the relationship between job demands, job resources, burnout and work engagement among expatriate nurses in the Kuwaiti healthcare sector.
2. To identify the predictors that affect the work adjustment of expatriate nurses in the Kuwaiti healthcare sector.
3. To identify that burnout and engagement mediate between job demands and resources to influence adjustment.

4. To identify the applicability of the JD-R model for investigating the job demands and resources and work adjustment of expatriate nurses in the Kuwaiti healthcare sector.

1.3 Research Aim and Questions

1.3.1 Research Aim

Applying the Job Demands-Resources model, this research aims to find out if the job demands and job resources of expatriate workers differ from those of the locals and what impact this has on their work adjustment. And exploring the mediation model that burnout and engagement mediate between job demands and resources to influence adjustment. It is useful to restate the aims of this study to appreciate the contribution it endeavours to make to the study of work adjustment among international expatriate workforces, with the empirical focus on a comparative case study of local and foreign cohorts of nurses in Kuwait.

1.3.2 Research Questions

The overarching question:

1. Do the job demands and job resources of expatriate workers differ from those of the locals and what impact this has on their work adjustment?

To make this feasibly investigatable this question is broken down into sub questions:

a) Do they actually have different job demands and resources?

b) Do they actually differ in their perception of having similar demands an2d resources?

2. Is the job demands resources model applicable and remain consistent within the context typified by Kuwait?

a) In what ways are the JD-R model applicable to the study of international expatriate nurses?

3. What are the predictors that affect the adjustment and engagement of expatriate nurses?

a) What is the relationship between job demands, job resources and work engagement among expatriate nurses?

1.4   Relevance of the problem

Section 1.1.1 identified the severe challenges facing the Kuwait health system that makes an inquiry into the work adjustment of expatriates of higher national importance in policy and planning terms. But section 1.2 highlights the lack of previous studies that have applied the JD-R model to the international workforces that nurses are exposed when working outside their home countries. In this section, the theoretical and practical relevance of this study will be discussed.

1.4.1   Theoretical and Practical Relevance

1.4.2   Practical Relevance

It is generally understood that increasing the performance of domestic employees is generally easier than increasing that of international employees (Gregersen, Hite, and Black, 1996; Suutari and Tahvanainen, 2002). Possible reasons may include unfamiliarity with the new workplace (Claus, Lungu, and Bhattacharjee, 2011). This would mean that the workplace antecedents experienced by international employees are different from those experienced by domestic ones. This indicates that the employers should fully comprehend if they should be handled using a different approach, which should as a result lead to considerations of the ensuing difficulties related to their human resource decisions to produce more positive outcomes.

For domestic employees, the human resource literature has identified the usual demands/resources in different domestic employment scenarios and the antecedents that lead to the development of burnout and engagement for those employees (e.g. Bakker, 2009; Christian and Slaughter, 2007; Hausser et al., 2010; Lee and Ashforth, 1996) but, when it comes to international employees, empirical data are lacking. It is necessary to provide these data to see if a common method is required for administering staff for optimum employee functioning. Moreover, as there are expectations of a scarcity of highly-skilled mobile workforce in the foreseeable future, it is imperative that the key personnel are incentivised by favorable experiences that increase their effectiveness (Shaffer et al., 2012; Worldwide Benchmark Study, 2004).

This positive experience has been obtained by stressing the prevention of burnout and encouraging engagement (Bakker and Leiter, 2010; Maslach, Schaufeli, and Leiter, 2001), so organisational interest in identifying and managing the antecedents of burnout and engagement is widespread (Alarcon, Eschleman and Bowling, 2009; Hechanova, Beehr and Christiansen, 2003) but this interest is generally confined to domestic workers, while expatriate employees are relatively under-researched. Therefore, understanding if the JD-R model is useful for international employees as well and if theoretical changes could lead to employees gaining a competitive edge is a key path to pursue.

1.4.3   Theoretical Relevance

A job must be designed that has the right balance between demands and resources that is connected to the different worker behaviour and attitudes via engagement to realize its maximum potential (Bakker and Demerouti, 2007; Bakker and Leiter, 2010). It is in response to this interest among scholars and practitioners to create a sound environment for employee functioning that the JD-R model has gained considerable interest over the last 10 years or so as a useful framework for organizing and managing the antecedent engagement. This has resulted in it currently being the bedrock of many HR strategies (e.g. wellness audits, workshops, job design, work changes, leadership practices, career planning and development) (Schaufeli and Salanova, 2008) and also the theory of choice to hinge interventions on (Bakker and Demerouti, 2012; Wilcox and Kittler, 2011). As there is a deficiency in HR management in the context of the expatriate workforce (Collings et al., 2007), it is highly probable that these same strategies are applied to them. This makes it necessary to investigate if the model needs any extensions to prevent its wrongful application.

Although there is evidence to show that JD-R can be very useful for the expatriate workforce, the empirical evidence is inadequate in this regard (Wilcox and Kittler, 2011). To an extent, the existing JD-R literature can be useful in providing lessons that can be used in other contexts, but this does open up risks, particularly where the global mobile workforce is concerned, where research is still emerging and its difference or similarities with the domestic workforce remains unclear. Moreover, as per job design theory, each work setting encompasses a distinct collection of characteristics and processes whose combination influences the work experience and accomplishments of an employee (Grant and Parker, 2009) and, as JD-R theory is not entirely congruent, it is imperative to investigate that this theory can provide an answer to the internationalization of the work environment. Doing this

will, in all probability, result in helping the organizations to change their strategies, policies and procedures in order fully to utilize the capability of the entire workforce while protecting both private and organizational investments by increasing the well-being and performance-related outcomes for the employees, resulting in personal and organizational profit (Howe-Walsh and Schyns, 2010; Shaffer et al., 2012). While being competent to manage and retain an international workforce will lead to greater organizational efficacy (Lee, 2005), for this to happen, we need a global HR strategy that is grounded on a sound theory.

1.5 Thesis Structure

This thesis is structured through six chapters. Following on from chapter one, chapter two provides a comprehensive literature review, starting with the method and criteria of the systematic review. This is followed by a brief overview of the earlier theories and models that were influential in the development of the JD-R model: an introduction to the JD-R model, appraisal of the JD-R model, the JD-R model and the international work context, the JD-R model and expatriate adjustment, and the JD-R model as applied to the adjustment of expatriate nurses.

Chapter three contains a discussion of the empirical approaches, research philosophy and methods used in the research. It begins by providing a methodological overview followed by the philosophical standpoint of the researcher to justify the choice of the mixed-method approach that was adopted for the study. Then, the ethical considerations are presented. Lastly, the details of the qualitative and quantitative research methods, sampling, data collection and analysis phases are explained.

Chapter four presents and discusses the findings of the qualitative study related to the research objective. Using the parameters of the JD-R model, chapter five presents the detailed results and discussion of the quantitative study with respect to assessing the model in an expatriate workforce context. Finally, chapter six provides the conclusion of the thesis, a general discussion, limitations of the study, implications for future research and practice and contributions.

Chapter 2

2.1 Point of Departure

At the start of this literature review, it is useful to restate the aims of this study in order to highlight its contributions to the research on work adjustment within the context of international expatriate workforces by focusing on a comparative case study of local and foreign cohorts of nurses in Kuwait. As such, to reiterate, the intent of this study is to investigate the application of the Job Demands-Resources model (JD-R) and to find out if the job demands and job resources imposed on expatriate workers in Kuwait's healthcare sector, a country throughout marked by high levels of expatriate workforce, differ from those of locals and their impact on their work adjustment. The challenge facing this study is, thus, to find out whether job demands and resources have a predictive value for work adjustment.

On this understanding of the purpose of this study, the critical observation to be made at the outset of this lengthy literature review is that, as will be shown, few studies have hitherto examined the link between the JD-R model and expatriate work adjustment. Given this deficit in the literature, the aim of this study is to make a theoretical contribution to how the JD-R model can be applied to analyzing and understanding work adjustment in the international work context through a comparative-empirical study of expatriate and local nurse workforces. The purpose of this extended literature review, then, is to situate the interest in the application of the JD-R model to expatriate work adjustment in the context of the scholarly work already done on the model and on work adjustment.

This situating practice will take the form of investigating the genesis of the JD-R model and its various theoretical formulations. The reconstruction will also consider the numerous applications and criticisms of the model before moving to broach a mapping of the literature, in turn, in the areas of work adjustment in international contexts, with special reference to expatriates, and the JD-R model in healthcare studies, with a focus on the literature on nurses working abroad who are considered as "expatriates". In undertaking this extensive literature review, the aim is to seek examples of cross-pollination between the expatriate adjustment literature and the JD-R model. Now, as the focus of this review will be, to a large extent, on the JD-R model, a preliminary note is needed. Because, as Bakker and Demerouti (2017)

have pointed out, the JD-R model is a theoretical framework that aims to integrate two independent research traditions—the stress research and the motivation research traditions—, it is important to reconstruct those traditions in order to appreciate the widespread seminal application of the hybrid theory, including to the field of work adaptation, the privileged focus of study of this research thesis.

The next section will explain the method and criteria applied in order to conduct a systematic review of the literature.

2.1.1 Reviews Method and Criteria

Within the context of work adjustment of both the domestic and expatriate workforce, the 'Job Demands Resource Model' (JD-R) has gained much popularity and attention among scholars (Brauchli, et al., 2013). This is evident from Scopus records, which reveal a steady upward trend in yearly publications related to the JD-R model that slowly rose to a total of 85 in 2018 from 45 in 2011. Similarly, Web of Science records also shows an upwards trend, where total publications rose to 95 in 2014 from 61 in 2011, which signals the likelihood that this course will continue. In spite of this upwards trend and interest in the field, little attempt has been made to review and assess the literature in a systematic manner, as can be identified from these studies. Apart from this study, the few existing attempts to produce narrative reviews (Bakker and Demerouti, 2007; Demerouti and Bakker, 2011) and meta-analyses (Crawford et al., 2010; Nahrgang et al., 2011) fail to investigate the JD-R model's applicability in both the national and international work contexts, a context which is often disputed in other domains of international employee mobility literature (see, for example, Selmer et al., 2015). The only notable exception is Rattrie and Kittler (2014) who, through a systematic literature review approach, analysed the application of the JD-R model and assessed its applicability to the expatriate workforce. However, in spite of Rattrie and Kittler's (2014) contribution, due to a small sample size confined to merely 62 studies which completely excluded studies conducted in the Gulf region, subsequent research is required to validate their findings in Kuwait. In addition, Rattrie and Kittler (2014) also confined their review to the JD-R model alone and did not investigate how the model was developed within expatriate research itself, a question which this study aims to resolve. To furnish an organized critique of the approaches employed during the application of the JD-R model in existing studies on work adjustment, with particular reference to the expatriate workforce, this study will utilize a comprehensive literature review not only pertaining to

the model but also in the expatriate workforce as well.

2.1.2 Literature Review Types

Conventionally, literature reviews can be of many types, such as narrative reviews, qualitative systematic reviews and quantitative systematic reviews, also known as meta-analyses (Green, et al., 2006). Yet another type of review, which combines both qualitative and quantitative research methods, is called the integrative literature review (Doolen, 2017). Of these, narrative literature reviews include editorials, commentaries and article overviews, which furnish a broad view on a particular issue, often reporting historical the evolution of an enquiry or its management. Another major method that is popularly utilized by scholars is the meta-analysis; that is, contrasting aggregated results from several studies in order to identify common patterns and divergences in them as well as other underlying relationships and variables (Aguinis, et al., 2011). The main problem with this approach is that the aggregative data extracted from these studies must represent a high level of homogeneity of the employed measures; in reality, studies are rarely homogeneous and differ widely in terms of their population as well as the sample size (Cortina, 2003). Even if the inherent heterogeneity is reduced by admitting mediators and moderators in order to link an intervention with a particular outcome, the list of these mediators and moderators may become quite extensive at the organizational level (Köhler, et al., 2015). Hence, meta-analysis was not considered as a practical approach for this study.

Another approach that is gaining popularity, especially in nursing research, is that of the integrative review, which permits the inclusion of diverse methodologies, such as experimental and non-experimental research, at the same time (Whittemore and Knafl, 2005). However, the problem with this approach is that this complex combination of various methods may lead to inaccuracies and bias, as well as a lack of rigour (Whittemore, 2005). In addition, this approach also suffers from weaknesses in the techniques of analysis, deduction, and conclusion drawing, due to which it was not selected for use in this study. On the other hand, a systematic literature review utilizes elaborate and exhaustive methods (Dixon-Woods, et al., 2005). An in-depth exploration of the existing literature, grounded on a specific query or aim, is the distinctive characteristic of a systematic literature review (Khan, et al., 2003). As a systematic review is organized around a central query, it enables the researcher to formulate the criteria for the inclusion or exclusion of research publications for synthesis (Popay, et al., 1998). Conventionally, systematic reviews follow a three-stage process

(Tranfield, et al., 2003 and Thorpe, et al., 2005), during which a review is thoroughly planned and studies are identified and synthesized, so that the findings can be communicated along with suitable recommendations (Higgins and Green, 2011).

Thus, in a systematic review, evidence is drawn from the existing literature in a systematic manner, during which data are compiled in evidence tables in order to reveal the similarities and differences between the outcomes of the selected studies (Mulrow, 1994). The systematic review, although qualitative in nature, and whilst it entails a critical review of findings, may or may not carry out any statistical aggregation of the results of reviewed studies (Whittemore and Knafl, 2005).

It should be noted that the systematic review emerged in the healthcare field far earlier than in the academic field of business and management as an intervention; specifically, in the field of management studies and organization studies. Briner and Denyer (2012) have argued in this regard that, in contrast with the natural and other social science fields, management/organizations studies have been marked by inexperienced researchers, particularly doctoral students, who have often received relatively little training in conducting research reviews. Therefore, guided by the key principles underlying systematic reviews, as outlined by Denyer et al. (2013), this study attempted to maintain transparency, clarity, focus, accessibility, broad coverage and a synthesis of the findings (see Thorpe et al., 2005). To maintain the robustness of the findings, the study also observed the stages outlined by Denyer et al. (2013). Thus, following the guide, the first stage of this systematic review, among other things, included the formulation of the review questions and review protocol to ensure objectivity. Hence, whilst the protocol confined the population to publications appearing in Scopus, Web of Science, Ebsco and Google Scholar, the criteria for inclusion focused on studies related to expatriate adjustment through the application of the JD-R model as well as those focusing on work adjustment using the same model.

2.1.3 The Use of Search Databases

Articles pertaining to the theory of work adjustment, expatriate workforce and JD-R model was distinguished utilizing Scopus, Web of Science, Ebsco and Google Scholar. Then, the research was confined to non-invited, peer-reviewed journal articles in the English language only. Along with non-peer reviewed journal articles, books and book chapters were also excluded to prevent imbrication or repetition in the review. Additionally, only those studies

were considered which were undertaken within a time period ranging from 2001 to 2018. The main purpose of this criterion is to facilitate comparison in research approach in each area and the application of JD-R model which will establish the groundwork for this research. Then, the search was also confined to business management studies, nursing and health care, since this study aims to investigate these concepts in the healthcare sector. In spite of employing an exhaustive search criterion, it can be presumed that the results may have excluded some interesting studies pertaining to the three investigated areas, especially those conducted in foreign languages. Nevertheless, it is highly likely that the key findings of these foreign language studies may have been accounted for in at least some of the studies covered in this literature review. Additionally, to enhance comprehensiveness, other important scholarly works outside the review were also consulted during the discussion of the systematic review findings to gain an in-depth understanding of each area and to comprehend the major developments made to date in each domain. This will permit the precise portrayal of the relevant scholarly research over a longer period of time.

Initially literature search led to the emergence of key words below in a progressive manner. In the subsequent search, these key words were used to conduct an exhaustive search in the applicable electronic databases using the University of Stirling library's facilities:

Expatriate 'job demands"
Expatriate " job resources"
Expatriate " work demands"
International "expatriate workforce"
International expatriate
Expatriate workforce "job demands"
Job demands and recourses "international"
And a combination of key terms (job demands, job resources, JD-R)

This first stage electronic search was further supplemented by a comprehensive manual search. As such, the search results produced a total of 85 articles for the 'Theory of Work Adjustment', 47 articles for the 'International Expatriate Workforce' and 156 articles for the 'Job Demands-Resources Model'. This initial list was further manually analysed according to the following criteria in order to coincide with this study's research objective, which have been outlined previously. Firstly, only investigations carried out in formal work settings was admitted. Secondly, only those works were permitted whose main focus was directly on the

main theme under review. Thus, the final search results generated a total of four texts that could be deemed relevant in forming links between the JD-R model and work adjustment in the context of expatriate literature. These four texts are considered according to steps 5-Explicit selection criteria and 6-Evaluation of Denyer's 8-step systematic review

2.2 The Literature on the JD-R Model

This section provides an overview of the retrieved literature.

2.2.1 Earlier Theories/Models

The following section furnishes a summarized description and the limitations of the previous theories and models that were influential in the development of the JD-R model.

2.2.2 Earlier theories/models and their limitations

The development of the JD-R model was strongly influenced by the soaring interest in theories and models related to job motivation and stress (Bakker and Demerouti, 2012). Significant predecessors of the JD-R model include Herzberg's (1966) two-factor theory, Hackman and Oldham's (1980) job characteristics model, the demand-control model proposed by Karasek (1979), Johnson and Hall (1988), Johnson et al. (1989), and Siegrist's (1996) effort-reward imbalance model. Since each of these theories/models played an individual but crucial role in the overall development of the JD-R model, hence, a brief summary of each will be presented, followed by a critique of their approaches and the final emergence of the JD-R model itself. Additionally, the prior literature indicates that, apart from the aforementioned theories, motivation/stress studies, too, played a contributory part in the development of the JD-R model, although to a smaller degree (Bakker and Demerouti, 2007). As such, in order to avoid creating a treatise that mainly explicates diverse occupational stress/motivation theories, instead of providing an overview, the most significant motivation/stress theories will simply be referred to where applicable, for example, Lazarus and Folkman's (1984) Transactional Stress Theory, which focuses on the significance of equilibrium between demands, Hobfoll's (1989) Conservation of Resources Theory, which was quite significant in formulating the coping hypothesis, Fredrickson and Levenson's (2001) Broaden and Build Theory in mutual relationships, and Ryan and Deci's (2000) Resources and Self-Determination Theory for conceiving job resources. (For further explanation, please see the respective references).

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2.2.3 The Two-factor Theory

The well-known but much criticised two-factor theory is derived from the American psychologist Frederick Herzberg's study entitled *Work and the Nature of Man* (1966), which offered the theoretical point of view that there are sets of determinants—operating independently—on employee satisfaction, namely *hygiene factors* and *motivator factors* (Herzberg, 1964; Herzberg, et al., 1959; Herzberg, et al., 2005). Also known as Herzberg's Motivation-hygiene Theory and Dual-factor Theory, the Two-factor Theory distinguishes between hygiene factors (also referred to as "dissatisfiers"), the extrinsic conditions that have a more or less negative and deleterious effect on employees' work satisfaction, and intrinsic motivator factors ("satisfiers") that, on the contrary, are considered to make employees feel satisfied with their job situations. The crucial point to note is that satisfaction and dissatisfaction do not lie on a continuum, with one increasing as the other diminishes, but are independent phenomena. As a result of a field study of over 200 engineers and accountants in Pittsburgh, Herzberg identified five key hygiene factors that exert a determining influence on job satisfaction: company policies, supervision, salary, interpersonal relations and working conditions. Given the concept of "hygiene" factors, at the time when Herzberg conducted his research in the 1950s and early 1960s, these could include clean toilets and, given that America is a consumer society, even comfortable cars! Reverting to American slang, Herzberg often referred to hygiene factors as ''KIT'' factors, which is an acronym for ''kick in the ass''—in euphemistic academic language, this refers to the process of providing incentives or the threat of punishment to make someone do something. The batch of factors that Herzberg observed was the outcome of the results of posing the following question to the professionals whom he studied: "What makes you feel bad about your job?" In contrast, the intrinsic motivator factors that Herzberg discerned included achievement, recognition, the nature of work, responsibility, and advancement.

The obvious generalization that can be made from this research, that was carried out more than 50 years ago in the United States, is that an increase in hygiene factors is expected to have a negative impact on employees' satisfaction. Indeed, the absence of more than one factor will promote dissatisfaction. The best illustration of this is that, most certainly, a *de facto* salary difference, or even the perception that a salary is lower, would be a strong indicator of dissatisfaction amongst employees. However, given an accepted parity of pay, salary does not count necessarily as the significant motivator for assessing job satisfaction and performance. In a nutshell, the Two-factor Theory postulates that, without motivators,

employees will more or less perform their jobs as required, but with motivators they are likely to increase their effort and even exceed the minimum requirements for performing tasks (Bakker and Demerouti, 2012).

A variety of research on the Two-factor Theory has, nonetheless, challenged the validity of distinguishing between hygiene factors and motivators. A decade after Herzberg's pioneering work appeared, Hackman and Oldham (1976) identified three areas of criticism of the model. First, since the theory does not consider individual differences, it predicts that all employees are likely to respond in a similar way to changes in motivating and hygiene factors; second, there is the issue of whether or not Herzberg's original formation was a methodological construct that was difficult to prove empirically; and, third, there is the attendant question that the model does not specify how the motivating and hygiene factors are to be measured (For an abstract summarizing Herzberg's Two-factor Theory, see Management, 2016).

Consequently, 30 years after Herzberg published *Work and the Nature of Man*, Ambrose and Kulik (1999) contended that the evidence for the Two-factor Model depended strongly on the research method used and questioned its validity in predicting job satisfaction. Then, Lundberg et al. (2009), in an empirical study of seasonal workers in the field of hospitality and tourism, also questioned Herzberg's Two-factor Theory regarding how hygiene and growth needs influence positively motivation and satisfaction. Additionally, the theory has been widely criticized for assuming that the only way to increase work motivation is through the influence of growth factors relating to job content-cum-enrichment (Wright, 1989; Furnham, Forde and Ferrari, 1999; Parsons and Broadbride, 2006;), when hygiene factors are said also to act as motivators (Pinder, 1998). Similar studies suggest that the theory fails to account for organizational or individual differences (e.g. levels of needs, gender, culture, age) and it appears that theoretical support depends on the methodology used (Ambrose and Kulik, 1999; Lundberg et al., 2009*).

The model extracted from Herzberg's pioneering research has also been held to account for insufficiently considering organizational culture or individual differences (e.g. levels of needs, gender, culture, age, and personality traits) but, despite such criticisms, which indicate that Herzberg might have been incorrect in his assumptions, his seminal legacy has influenced generations of scholars and managers – is that present-day researchers in the field of employment relations, occupational stress, and job design are cognizant of the need to take into account the conditions that can be potentially instrumental in job enrichment (Grant et

al., 2010). It should also be recalled that it was Herzberg who developed the concept of ''job enrichment'' way back in 1968, in a now famous article that he published on pioneering studies at A T&T (Herzberg, 1968, 2003). Herzberger's concept of "job enrichment", proposed in his "One More Time: How Do You Motivate Employees?" stemmed from his own motivator-hygiene theory – which, to restate—is based on the premise that job attitude is a construct of two independent factors; namely job satisfaction and job dissatisfaction. It is the influence of Herzberg's notion of job enrichment that led to his Two-factor Theory receiving support from studies carried out across different contexts (e.g. Hines, 1973; Balmer and Baum, 1993; DeShields, Kara and Kaynak, 2005; Parsons and Broadbride, 2006) and, as for the criticism that the hygiene and motivator factors as operating independently, as Herzberg argued, Buckingham and Coffman, in their controversial book entitled *First, Break All the Rules* (1999), provide compelling evidence for Herzberg's division of satisfaction and dissatisfaction onto two separate scales. Hence, it can be concluded that, even though Herzberg's theory may have been misguided, its impact has been undeniable and generally helpful in both academic and practical terms.

2.2.4   The Job Characteristics Model

In contrast to Herzberg's Two factor theory, the job characteristics model of Hackman and Oldham (1976, 1980), which is an example of person-environment fit thinking, examines individual responses to jobs, focusing on such aspects as job satisfaction, sickness absenteeism, personnel turnover, considered as a function of job characteristics, with regard to work design (Roberts and Glick, 1981). It will be recalled that one of the main criticisms of Herzberg's research was that it failed to take into account individual differences (e.g. levels of needs, gender, culture, age, personality traits, etc.) and that it was precisely Hackman and Oldham (1976) who focused on this absence. A few years earlier, Hackman and Lawler (1971), in a study of employee reactions to job characteristics, defined the five core job characteristics as: (1) skill variety (breadth of skills used at work), (2) task significance (impact that the work has on the lives or work of others), (3) task identity (opportunity to complete an entire piece of work), (4) feedback (amount of information provided about the effectiveness of job performance), and (5) autonomy (degree to which the job provides substantial freedom, independence, and discretion in determining goal directed behaviour at work). Despite the wide interest in Hackman and Lawler's (1971) Job Characteristics Model, it was soon subjected to critical analysis by numerous researchers. Of

the many, King (1974) notably tested the model in various organizational settings and found firm evidence of employees reacting to managerial expectations ensuing from change, which called into question the entire motivational basis on which the model was erected, especially the causal connection between job characteristics and outcomes. Similarly, Roberts and Glick (1981) concluded that the model is merely in an exploratory stage, lacking differentiation among various variables and weak conceptualization. Nevertheless, in spite of the wide criticism, the Job Characteristics Model remained intact due to this sound theoretical basis and its measuring instrument (Guise, 1988).

More recently, Humphrey et al. (2007), in a meta-analytic summary and theoretical extension of the work design literature with a view to considering integrating motivational, social, and contextual work design features, confirmed the continuing relevance of the five core job characteristics. The whole point of this approach is to emphasize that core job characteristics are expected to influence job satisfaction and intrinsic work motivation through the attainment of three critical psychological states – abbreviated in the literature to CPSs (Hackman and Lawler, 1971; Hackman and Oldham, 1976, 1980). This trio of states are: (1) the meaningful nature of work; (2) responsibility on the job; and (3) feedback on work tasks. According to this approach, job meaningfulness is influenced by skill variety, task identity, and task significance; whilst knowledge of results is affected by autonomy influences experienced responsibility (decision latitude) and constructive feedback (Humphrey, Nahrgang and Morgeson, 2007). In a review and meta-analysis of the validity of the job characteristics model, Fried and Ferris (1987) concluded that positive employee attitudes and improved job satisfaction, motivation, performance, and reduced absenteeism ensued when the five core job characteristics are present. Fried and Ferris's meta-analysis (1987) also demonstrated that, of the core job characteristics, it is job autonomy, in particular, that leads to positive attitudes on the part of employees (Fried and Ferris, 1987; Parker and Wall, 1998). The importance of job autonomy was also confirmed by Parker and Wall (1998) in their study on organizing work to promote well-being and effectiveness. Also, a recent study of correctional staff burnout in a prison setting by Griffin et al. (2012) also affirmed the value of a job characteristics approach to work design. This intervention of the job characteristics model in the field of job satisfaction and performance signaled the importance of socio-psychological considerations – hence the focus on critical psychological states and how they impact on work outcomes. However, most of the aforementioned research has omitted critical psychological states from the model, focusing instead on the direct impact of the core job

characteristics on work and performance outcomes. As with Herzberg's Two-part Theory, the job characteristics approach has attracted criticism, especially regarding the relationship between job characteristics and attitudinal outcomes and the role of the three critical psychological aspects in this relationship (e.g., Renn and Vandenberg, 1995; see, for a meta-analysis, Behson, Eddy and Lorenzet, 2000).

Whilst the Job Characteristics Model has been successfully used to explain the direct impact of job characteristics on various outcomes in prior studies, there has been less research on the three psychological states (Bakker and Demerouti, 2012; Renn and Vandenberg, 1995). What research has been done has produced mixed results, with the one noticeable finding that experienced meaningfulness of work is the priority factor, as it mediates all five job characteristics-outcome relationships (Humphrey et al., 2007; Johns, et al., 1992). It has also been found that the relationships between the job characteristics and psychological states will be stronger for those who are highly motivated to learn and grow on the job, although the evidence for this is somewhat patchy (Bakker and Demerouti, 2012).

2.2.5   The demand–control model

In contrast with the job characteristics approach, and more akin to the Two-factor Theory, the demand-control model (Karasek, 1979; Karasek and Theorell, 1990; Karasek, 1998)—later termed the job demand-control-support model (Johnson and Hall, 1988; Johnson et al., 1989)—is basically a theory of occupation stress. The main thesis of this model is that strain is highest in "high-strain jobs" that are characterized by a combination of high job demands but low job control. Karasek refers to this job type as "high-strain jobs". Another thesis of the demand-control model, known as the active learning hypothesis, proffers that the enjoyment of work tasks, learning, and personal growth is likely to be highest in jobs characterized by a combination of high job demands and high job control. Karasek has labelled these jobs "active-learning jobs" because they are intensively demanding of employees and, crucially, involve "decision latitude" vis-à-vis problem solving.

In this model, job demands typically refer to the quantitative (e.g. workload, time pressure), physical (e.g. heavy lifting) or emotional (e.g. role conflict) aspects of work. The control side of the divide includes decision latitude, which is composed of skill discretion (i.e. the extent to which an employee is able to use specific job skills) and decision authority (i.e. the extent to which an employee possesses autonomy over decision making and timing). Two review

studies, a decade apart, both support the idea that the "buffer hypothesis" captures the potential to improve psychological well-being through the interaction between demands and control, or support (Hausser et al., 2010; Van Der Doef and Maes, 1999) but both of these review studies, whilst acknowledging that the demand-control model has been influential in research on occupational stress owing to the interaction between job demands and control, point out that actual interactions have been difficult to corroborate empirically. However, support for the strain hypothesis is stronger than for the buffer hypothesis due to the degree of match between the demands, control or support regarding their emotional, cognitive or physical aspects being difficult to ascertain (Hausser et al., 2010). Bakker et al. (2010b), whilst aiming theoretically to move beyond the demand-control model, found evidence for employees thriving on high job demands, albeit supported by helpful resources. A longitudinal analysis of the additive and moderating effects of the interaction between job demands and control by Houkes et al (2008), in the context of a study of how personality affects work characteristics and employee well-being, ascertained that the model has been used in order to understand more clearly a range of interaction outcomes, both negative (e.g. exhaustion, anxiety, absenteeism) and positive (e.g. motivation, satisfaction, learning).

To be sure, the increasing effects of job demands and job control on employee well-being and motivation have always been discovered, but many studies have failed to make the interaction effects anticipated by the DCM. For example, in the studies by Van der Doef and Maes (1999), about 64 studies were reanalyzed, and Taris (2006) indicated that only 9 out of the 90 tests provided support for the demand versus control interaction effect. Again, as with both the Two-factor Theory and the job characteristics approach, the demand-control model has been criticized for both its conceptual and methodological limitations, as well as the lack of empirical support for its hypotheses (e.g., Carayon, 1993; De Jonge, Janssen and Breukelen, 1996; Taris, et al., 2003). Critics of the model have also taken issue with the lack of consideration for personality variables as an indicator of conceptual weaknesses in the model (Bakker and Demerouti, 2012; Gyorkos et al., 2012; Houkes, et al., 2008).

2.2.6   The Effort-Reward Imbalance Model

In contrast with the demand-control model, with its emphasis on the control structure of work, the effort-reward imbalance (ERI) model (Siegrist, 1996) privileges reward vis-à-vis effort. The approach has its intellectual origin in the mid-1990s in the context of the study of the adverse health effects of high effort/low reward conditions in work situations (Siegrist,

1996). Its professional-cum-institutional area of concern is essentially occupational health psychology. Unlike the DCM, the ERI model strongly emphasizes the personal component and proposes that job stress is the result of an imbalance between effort and reward – or between extrinsic job demands and the intrinsic motivation to meet these demands—with respect to salary, esteem reward, and security/career opportunities. The basic assumption of the model is that a lack of reciprocity between effort and reward (i.e., high effort/low reward conditions) will lead to stress, which may, in turn, lead to numerous health hazards (cf. Equity Theory; Hanson et al., 2000; Walster, Walster and Berscheid, 1978). A pointed example of stress imbalance is the case of an employee having a demanding but unstable job, aiming to achieve at a high level, without being offered any promotion prospects.

Research has clearly shown that the strained combination of high effort and low reward at work is a serious risk factor for cardiovascular health, psychiatric disorders, and burnout (Siegrist, 2008; Tsutsumi and Kawakami, 2004). Over-commitment is a typical syndrome in this regard, manifesting, as it does, a set of attitudes, behavioural dispositions and emotions reflecting excessive striving in combination with a strong desire for approval and esteem. In a meta-analysis of 45 studies, Vegchel et al. (2005) discerned considerable empirical support for the extrinsic effort-reward imbalance hypothesis, but inconsistent support for the intrinsic over-commitment hypothesis. Veshchel et al. (2005) note that highly committed individuals will experience greater strain via a greater imbalance, and adumbrate that the moderating effects of over-commitment on the relationship between effort-reward imbalance and health outcomes requires more research with special reference to the moderating role of personality in the relationship between job characteristics and health outcomes. In sum, then, the importance of the Effort-Reward Imbalance Model is that it highlights personality and external factors in the development of stress-related symptoms, so it is unsurprising that it has received considerable attention in the occupational stress literature.

2.2.7   Critique of Early Models

Bakker and Demerouti (2016) (see also Rattrie, 2013) identify four critical issue-areas concerning the earlier models of job stress and work motivation so far considered in this literature review. These are: (1) the one-sidedness, (2) simplicity, and (3) static character of the models, as well as (4) the changing nature of jobs. All four main points of critique of the early models will be addressed in this section of the literature review. Each of these points will now be considered in more detail to set the scene for introducing the J-DR model.

1) One-sidedness

First, each of the models emphasizes either job stress or work motivation, without considering the other aspect sufficiently, and so is "one-sided". Bakker and Demerouti (2014) stress that "research on job stress and work motivation has typically developed in two separate literatures. This means that research on motivation often ignores research on stress and "vice versa". Often, in organizations, human resources managers will focus only on employee motivation and job satisfaction and job stress, and sickness absence are considered the concern of a company nurse, outside doctor, an occupational health department. Each approach draws on prominent theories in its own field of literature to the exclusion of the other approach. However, it almost goes without saying that job stress is significantly related to work motivation, between which there are clear reciprocal links. Back in 1993, Leiter (1993) came up with clear evidence that employees who experience deleterious work stress tend to become demotivated and are liable to withdraw psychologically. Bakker et al. (2008) developed the latter finding, showing that overworked-cum-exhausted employees become cynical about whether their work contributes anything and wonder about the meaning of their work. Such research makes it patently obvious that working conditions fostering job stress interact with working conditions fostering motivation.

2) Simplicity

Second, each of the models is viewed as 'simple', since they fail to take into consideration the viewpoints of the other existing models, attending to only a few variables that are expected to describe all of the possible working environments. The simplistic nature of these earlier generation approaches is viewed as negative because they reduce the complex reality of organizations to a small number of predictor variables and processes and, in doing so, fail to capture what is potentially important across different types of jobs. It will be recalled that the basic assumption of both the DCM and the ERI models is that job demands often lead to job stress when certain job resources are lacking. In the case of the DCM, it is autonomy; with the ERI model, it is salary, esteem reward, and security/career opportunities. The apparent parsimonious simplicity of these approaches may seem economical but, as Bakker and Demerouti (2014) point out, "this can also be seen as a weakness, since the complex reality of working organizations is reduced to only a handful of variables".

In an earlier paper, Bakker and Demerouti (2007) questioned both the applicability of the early models to the whole gamut of job positions and also that job stress may be caused by

factors other than the limited combinations of demands and (lack of) resources on which they focussed. Bakker and Demerouti (2014) insist that the motivational models highlight certain job resources, do not assign a role for job demands, and stress the need to consider that specific job demands (particularly work overload, work pressure) interact with certain resources. They also acknowledge that challenging job demands are needed to ensure that work engagement/job performance foster positive motivation.

3) Static Character

Third, each of the early models is viewed as 'static' because it is assumed that they apply across all possible work environments. Essentially well-being is ascribed to a defined set of predictor variables, irrespective of the context under study (Lewig and Dollard, 2003), and, therefore, viewed as being prescriptive and static in nature without considering that each context may have different predictors or combinations of predictors of well-being and performance-related outcomes. As a noticeable example of the static character of the early models, Bakker and Demerouti (2014) question why autonomy is the most important resource for employees in the DCM and social support in the extended demand-control-support model (cf. Johnson and Hall, 1988). Not decrying the importance of autonomy, Bakker and Demerouti (2014) pose the alternative view that, in certain work environments, different job resources may prevail, such as inspirational leadership or open communication. Here, it should be recalled that the ERI model (Siegrist, 2008) postulates salary, esteem reward, and status control as the most important job resources that may compensate for the impact of job demands on strain.

Bakker and Demerourti (2014) also query why work pressure or effort (intrinsic and/or extrinsic) should always be the most important job demand, noting that, in certain occupations (e.g., teachers, nurses, doctors, waitresses), emotional demands are extremely important (Bakker and Demerouti, 2007). In other occupations, the emotional demands of relations with colleagues are less significant. For example, in the IT industry, the cognitive job demands are more about processing information than working with people (Demerouti et al., 2001). Also, in jobs such as air traffic controllers or psychologists, where cognitive processing or emotional intelligence are important respectively, it is unlikely that in all contexts control is the single most important job resource (Karasek, 1979). Supporting this is the fact that each earlier generation theoretical approach postulates different workplace

predictors or focuses on different processes as being more important, yet none of them fully corroborate each other.

Similarly, regarding the job characteristics model of Hackman and Oldham (1980), that focuses exclusively on the five specific job characteristics of skill variety, task significance, task identity, feedback, and autonomy—that are also considered important "enrichers" of the work environment—it is possible to conceive of other valuable job resources. Although Hackman and Oldham (1980) had good reasons to choose these five job resources as important "enrichers" of one's work environment, it is easy to come up with other valuable job resources. In this regard, Bakker and Demerouti (2007) have shown that opportunities for development and supervisory coaching are important motivators, as indeed are job security and distributive as well as procedural fairness.

4) Changing Nature of Jobs

Finally, each of the job stress or motivation models fails to take into account that jobs and work environments are changing rapidly. The obvious critical observation to make is that quite different working conditions prevail than was the case four or five decades ago when the early models were developed. In the age of the digitizing of all walks of modern life, contemporary jobs are more complex in terms of their functions and networking structures. Added to the role of information technology being ever more ubiquitous is the fact that individuals are increasingly able to negotiate their own work content and conditions, including working away from a place of work or in cyberspace (Rousseau, 2005). Mental work has come to be an important demanding work characteristic that is relevant for many jobs, as are the opportunities for development and learning on the job nowadays. Moreover, in order for organizations to keep valuable employees, they negotiate with them distinct working conditions (Rousseau, 2005), so that they can retain them in their workforce. Consequently, given the complexity of contemporary jobs across all sectors of the division of labour in industrial-though-to-post-industrial societies, it is insufficient to identify a few work characteristics in a model of job stress or motivation. The challenge, then, is to develop a theoretical framework that considers the most comprehensive range of work-related factors concerning job demands and resources, one that is flexible enough to incorporate constant change.

2.2.8   Conclusion of the Critiques on the Earlier Models/Theories

The four criticisms of the early models of job stress and motivation notwithstanding, there is no question that they each produced valuable insights with regard to what influences employee job satisfaction, performance, and well-being—as well as the factors that determine stress, but this appraisal is made with the hindsight that, to reiterate, these models regarding the stress and motivation literature have largely neglected each other. The obvious corrective then is that stress and motivation should be considered simultaneously and this is what the J-DR model has endeavoured to do so it is to expounding the nature of this model, how it has been used, and criticized, that this literature review now moves.

2.3   Job Demands-Resources Model

2.3.1   Introduction to the JD-R Model

The JD-R model emerged from a critical consideration of the limitations of the earlier approaches to stress and reward in an increasingly complex world of work. In particular, the JD-R model of burnout was quickly adopted as an approach for understanding the development of a range of negative and positive outcomes relating to well-being and performance (Bos et al., 2009). The JD-R model (Fig. 2-1) attempts to overcome the limitations of earlier theories by offering an over-arching, flexible and balanced model that considers the stress and motivation research traditions, the impact of job and personal characteristics along with the positive and negative outcomes of the work context, claiming applicability to a multitude of contexts (Bakker and Demerouti, 2007; Bakker et al., 2010b; Lewig and Dollard, 2003). Consequently, the JD-R model proposes that all antecedents to burnout and engagement can be grounded in two over-arching categories of demands and resources, regardless of the work context, occupation or employee. Evidence for the relevance of this approach is the fact that a considerable amount of burnout and engagement research has adopted this demands/resources perspective (Alarcon et al., 2009; Crawford, LePine and Rich, 2010; Halbesleben, 2010; Park et al., 2009; Taris, 2006b).

Figure 2-1: The JD-R Model
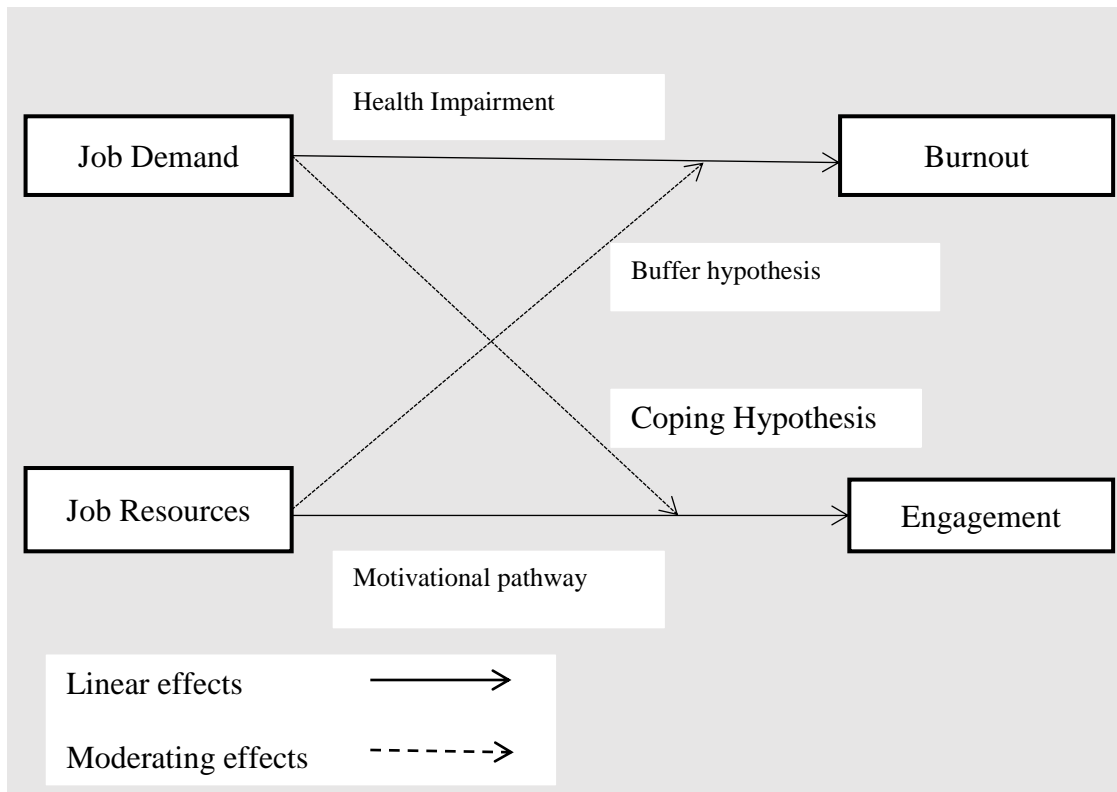
During the past decade and a half, the number of studies based on the job demands-resources JD-R model (see figure 2.1) (Bakker and Demerouti, 2007; Demerouti and Bakker, 2011; Demerouti et al., 2001) has steadily increased. Since Demerouti et al. (2001) published their joint paper entitled "The job demands-resources model of burnout" in the *Journal of Applied Psychology,* JD-R theory has had a seminal influence in the behavioural sciences. It is due to the academic influence of the Dutch scholar Bakker and the Greek Demerouti that the JD-R model has received widespread recognition by social scientists, practitioners and researchers in the fields of occupational therapy, human resources, and the study of labour/employee relations in management studies. Owing to the major contribution of Bakker and Demerouti and a plethora of co-researchers, scholars working today on applying the JD-R model are indebted to the work they did on summarizing the theory and its various applications. Thus, for the purpose of this literature review, which is aimed at considering the scholarship relevant to the study of work adjustment among international expatriate workforces, with the empirical focus on a case study of nurses in Kuwait, it is opportune to draw on the summarizing work of Bakker and Demerouti in order to find a scholarly niche for this research project.

Since circulating in the field, broadly understood, of the social and behavioural sciences applied to understanding and explaining the demands and resources associated with numerous work situations, the model has been used to predict job burnout (e.g., Bakker et al., 2005, 2008; Demerouti et al., 2001), organizational commitment, work enjoyment (Bakker, Van Veldhoven and Xanthopoulou, 2010), connectedness (Lewig, Xanthopoulou, Bakker, Dollard and Metzer, 2007), and work engagement (Bakker, Hakanen, Demerouti and Xanthopoulou, 2007; Hakanen, Bakker and Schaufeli, 2006). In addition, the JD-R model has been used to predict the consequences of these experiences, including sickness absenteeism (e.g., Bakker, Demerouti, De Boer and Schaufeli, 2003a; Clausen, Nielsen, Gomes Carneiro and Borg, 2012; Schaufeli, Bakker and Van Rhenen, 2009), and job performance (e.g., Bakker et al., 2008; Bakker, Demerouti and Verbeke, 2004). The prevalence of several meta-analyses on the JD-R model (Crawford, LePine and Rich, 2010; Halbesleben, 2010; Nahrgang, Morgeson and Hofmann, 2011) sufficiently confirm the maturation of the theory.

The JD-R theory thus purports to understand, explain, and make predictions about employee wellbeing (e.g., burnout, health, motivation, work engagement) and job performance. In essence, the theory asserts that all working environments or job characteristics can be modelled using the two different categories of job demands and job resources (Hansen, Sverke and Naswall, 2009). According to Demerouti et al (2001), "Job demands refer to those physical, psychological, social, or organizational aspects of the job that require sustained physical and/or psychological effort and are therefore associated with certain physiological and/or psychological costs". Examples are high work pressure and emotionally demanding interactions with clients or customers. It should be noted that job demands are not necessarily negative; they may only have deleterious effects when meeting them requires high effort on the part of an employee in a situation lacking supportive resources (Meijman and Mulder, 1998).

In contrast, job resources refer to those physical, psychological, social, or organizational aspects of the job that are: (a) functional in achieving work goals; (b) reduce job demands and the associated physiological and psychological costs; or (c) stimulate personal growth, learning, and development (Bakker, 2011; Bakker and Demerouti, 2007; Bakker, Demerouti and Euwema, 2005a; Llorens et al., 2006). Resources are more or less determining in their own right, but are effectively so when supportive of job demands. The theory assumes that every occupation has its own specific job demands and resources and that their interaction

focusses on such factors as work pressure and autonomy. For example, whereas physical demands are still very important job demands nowadays for construction workers and nurses, cognitive demands are far more relevant for scientists and engineers, and competency in the use of IT in the workplace can be an added stress factor across many job categories. As academic studies of the dual processes and coping and buffer hypothesis are the most-well-researched aspects of the model in the extant literature, attention will now be turned to these areas of research.

1) Dual Processes: Health Impairment and Motivational Pathways

There is a dual process, or pathways, associated with the two workplace characteristics of job demands and resources, that involve distinct but interacting, psychological effects. These are known as the health impairment and motivational pathways. In the case of the health impairment pathway, excessive job demands have a negative effect on the maintenance of performance levels. The result of an overburdened employee, faced with inexorable job demands, constitutes an imbalance in effort and recovery (Akhtar and Lee, 2010), possibly leading to long-term health problems (Bakker and Demerouti, 2007) and absence due to sickness (Van den Broeck et al., 2010; Bakker et al., 2003a; Schaufeli et al., 2009b) or turnover intention (Bakker et al., 2003b). The motivational pathway, in contrast, entails a cluster of job resources centred on engagement, performance (Bakker et al., 2008) and commitment (Parzefall and Hakanen, 2010). These job resources are divided between, on the one hand, intrinsic motivation which encourages growth, learning, and development, and, on the other hand, extrinsic motivation, with the functional outcome of achieving work goals (Demerouti and Bakker, 2011). Job resources then potentially respond to the need for autonomy, relatedness, and competence (Bakker and Demerouti, 2014; Ryan and Deci, 2000).

It follows from the dual process of the health impairment and motivational pathways that job demands are the most important predictors of negative outcomes (e.g. burnout, low productivity), whereas job resources are the most important predictors of positive outcomes (e.g. engagement, commitment, performance) (De Lange, De Witte and Notelaers, 2008; Halbesleben, 2010). The reality of the dual processes has received empirical support from a number of studies confirming that job demands and resources entail different psychological processes that exist in tension and possibly lead to negative (burnout) or positive (engagement) organizational outcomes (e.g. Bakker et al., 2003a; Demerouti et al., 2001;

Hakanen et al., 2006). For example, in a study of approximately 500 Dutch call centre employees Bakker, Demerouti and Schaufeli (2003b) demonstrated that the JD-R model was able to predict self-reported absenteeism and turnover intention. Unsurprisingly, job demands (i.e. work pressure, computer problems, emotional demands, changes in tasks) were shown to be the most important predictors of sickness absence due to health problems (i.e. exhaustion and repetitive strain injury), while job resources (i.e. social support, supervisory coaching, performance feedback and time control) were the most important predictors of involvement (i.e. dedication and organizational commitment).

Bakker et al. (2004) showed that high job demands (workload, emotional demands and work-home conflict) were the most important predictors of exhaustion, which inevitably had a knock-on effect on job performance. Job resources, that is autonomy, possibilities development, and social support, have been found to be the most important predictors of extra-role performance via (dis)engagement. A study of Finish dentists (Hakanen et al., 2008b) showed that job resources (e.g. craftsmanship, professional contacts, and length of time to results) directly influenced future engagement, and that job demands (quantitative workload, work content and physical work environment) predicted burnout over time, which led to noticeable symptoms of depression. Jackson, Rothman, and van de Vijver (2006), for their part, found negative outcomes of health impairment and motivational pathways with respect to ill health and organizational commitment. Comparable results have also been found by Dollard and Bakker (2010) regarding job demands (psychological demands, emotional demands) and job resources (decision authority, skill latitude with burnout and engagement, respectively).

However, since the JD-R model's introduction in 2001 (cf. Bakker and Demerouti, 2007; Demerouti and Bakker, 2011), the empirical findings fail consistently to support the health impairment and motivational pathways. For example, with regards to the health impairment pathway, Bakker et al. (2008) found that exhaustion did not mediate the relationship between job demands (work pressure, emotional demands and work-home conflict) and performance. Lee (2011) reported questionable correlations between job demands and burnout with respect to workload exhaustion and cynicism about work. And Brenninkmeijer et al. (2010) produced evidence of a similar lack of mediation with regards to interpersonal conflict and exhaustion. Mauno, Kinnunen, and Ruololainen (2007) assessed the relationship between job resources (job control and management quality) and engagement (vigour, dedication and absorption),

with regards to the motivational pathway, in a two-year longitudinal study of 409 Finnish health care professionals. In this study, the positive effect of job control on dedication was the only relationship that remained statistically significant. Schaufeli and Bakker (2004) found that engagement mediated the relationship between job resources and turnover intention in only three out of four of the samples, and Hakanen, Bakker, and Schaufeli (2006) reported a weak relationship between job resources and engagement in their sample of Finnish teachers.

2) Interaction Effects: The Coping and Buffer Hypotheses

Discussion of the JD-R model involves considering the key interaction effects between job demands and resources in the form of the coping and buffer hypotheses. Effectively, and of note, is the critical observation that the JD-R model expands the Demand-Control model of Karasek (1979) and the Effort-Reward model of Siegrist (1996) in that it claims that any set of job resources can buffer against or weaken the health impairment pathway (Demerouti and Bakker, 2011). The first point to note in this regard is that job resources are deemed valuable because they have the incipient potential to reduce negative employee perceptions and thus offer protection from the risk of burnout (Bakker and Demerouti, 2007; Kahn and Byosserie, 1992). This observation accords with the antecedent view of Kahn and Byosserie (1992) who claimed that any type of job or individual characteristic can interact in the stress-strain sequence. The real effects of the "buffering hypothesis" occur for different reasons depending on the types of resources. For example, as long ago as 1998, Karasek et al. surmised that job autonomy provides individuals with more self-chosen opportunities to cope with stressful events, with the positive result of enhancing health-related outcomes but, in marked contrast, social support allows individuals to achieve work goals in a more direct manner – for example, it is likely to help to reduce the time spent on work (Van Der Doef and Maes, 1999).

The JD-R model assumes that job demands amplify the motivational pathway and this is why it is sometimes labelled the "coping hypothesis" because it assumes that, for job resources to be the most effective at creating motivation, the individual employee needs to be presented with a challenge demand. In other words, job, and succinctly put, job resources will influence engagement more when job demands are high (Demerouti and Bakker, 2011), but the coping hypothesis and the buffer hypothesis should not to be confused; what needs emphasizing in

the case of the latter is the potential of job resources to help employees cope with high job demands. Rather, the coping element of this interaction effect emerges when individuals are threatened with resource loss by the presence of high job demands and therefore cope by increasing their dedication to work in order to retain the current resources and gain more (i.e. as individuals are naturally motivated to accumulate increasing resources). The coping hypothesis echoes the "Conservation of Resources Theory" of Hobfoll (1989), which argues that, faced with resource loss, employees will be increasingly motivated to protect their resources and even to gain more at the same time, thus increasing the amount of engagement. These interaction effects have received empirical support from a number of studies. For example, regarding the buffer hypothesis, Xanthopoulou et al. (2007b) assessed the interaction effects between the job demands and job resources (i.e. autonomy, social support, performance feedback and opportunities for development) of care home employees regarding the prediction of burnout, finding as a result that 66% of all interaction effects were significant and as hypothesized.

Job resources have been found to have a stronger moderating effect on the relationship between emotional demands and burnout than workload and burnout. Xanthopoulou et al. (2007b) found that autonomy followed by support and opportunities for professional development were the strongest buffers against job demands for exhaustion and cynicism. Bakker et al. (2007), in a study of Finnish teachers, similarly found that job resources (e.g. supervisor support, innovativeness, appreciation and organizational culture) weakened the negative relationship between job demands, e.g. pupil misconduct, and engagement). This study provided support for the coping hypothesis, showing that the motivational pathway was stronger when teachers were confronted with high levels of pupil misconduct. In a study of 1919 Finnish dentists by Hakanen et al. (2005) to assess the moderating effect of job demands on the motivational pathway, it was predicted that job resources (e.g. variability in professional skills, peer contacts) would be valuable for preserving engagement under conditions of high job demands (e.g. workload, an un-favourable physical environment). It was found that 40% of interaction effects were significant, demonstrating that, for example, variability in professional skills increased engagement when the qualitative workload was high. The aim of this kind of detailed empirical research, as corroborated by others (e.g. Bakker et al., 2005a; Bakker et al., 2004; Bakker et al., 2011; Rothmann and Joubert, 2007), is to show two things: (1) that employees can experience favourable outcomes when faced with high job demands, if they are able to draw on job resources; and (2) that having the right

mix of demands and resources is important, as employees will thrive in challenging, resourceful work environments.

3) The Role of Personal Resources

One of the developments associated with the influence of the JD-R model is the attention paid to the issue of how personal resources are important in work burnout and engagement (Xanthopoulou et al., 2007a). In this context, personal resources are understood to be aspects of the self which refer to an individual's ability to be resilient and have a successful impact upon their working environment (Hobfoll et al., 2003). Personal resources include positive self-evaluation within the work context (Hakanen and Roodt, 2010) that, crucially, can help to predict outcomes, such as engagement, motivation, performance, and goal setting (see, for a review, Judge, Van Vianen and De Pater, 2004). It is logical to assume, as Bakker and Demerouti (2014) found, that individuals with high levels of personal resources have higher positive self-regard, that is likely to lead to the creation of goal-directed intrinsic motivation and possibly higher performance and job satisfaction, but this positive observation needs to be considered alongside the examination of the direct relationship of personal resources with burnout and thwarted engagement. Research is thus needed on the mediating/moderating role of personal resources in the relationship between job demands/job resources with burnout/engagement, as the JD-R research to date has not included the negative side of individual differences (e.g. personal demands). In this regard, the question arises of how a lack of a conscious commitment on the part of individual employees required to work to tight deadlines are related to job demands.

The majority of the research findings provide clear evidence that personal resources have a negative association with burnout (e.g. Brenninkmeijer et al., 2010; Garrosa et al., 2011; Peng, Wong and Che, 2010) but, as expected, a positive association with engagement (e.g. Alarcon et al., 2009; Bakker and Leiter, 2010; Dikkers et al., 2010; Halbesleben, 2010; Mauno et al., 2007; Xanthopoulou et al., 2009a) but the research findings are not entirely unanimous. For example, Rubino et al. (2009), in a study of self-employed individuals, found that intrinsic motivation was negatively related to cynicism and reduced professional effectiveness, but related positively to exhaustion. To Sinclair and Wang (2012), cynicism acts as a protective mechanism against exhaustion, thereby preventing the employee from undergoing any further exertion. Given that the sample consisted of various self-employed individuals who typically possess passion, enthusiasm and high self-esteem (conditions

thought to be characteristic of those high in intrinsic motivation) (Deci and Ryan, 1985; Ryan and Deci, 2000), they may be less susceptible to experiencing cynicism and reduced professional efficacy despite becoming increasingly exhausted.

The mediating role of personal resources in the JD-R model has also been examined with regard to their role in relation to the motivational pathway. For example, in a study of 714 employees from an electrical engineering and electronics company in the Netherlands, Xanthopoulou and colleagues (2007a), in a study of a large cohort of employees an electrical engineering and electronics company in the Netherlands, found that personal resources (optimism, self-efficacy, organizational based self-esteem) partially mediated the relationship between job resources (autonomy, social support, supervisory coaching, professional development) and engagement; but they also found that personal resources almost wholly mediated the relationship between job resources and exhaustion. In a subsequent study of the one-working week diaries kept by employees in a fast food company, Xanthopoulou et al. (2009b) found that personal resources mediated the relationship between job resources (autonomy, supervisory coaching, team climate) and engagement. Similarly, in another follow-up diary study, Tims et al. (2011) demonstrated how optimism at the daily level fully mediated the relationship between a transformational leadership style and engagement. Vink et al. (2011) found that psychological capital (self-efficacy, optimism, hope, and resiliency) mediated the motivational pathway. Also, Van den Broeck et al. (2008) discerned the mediating role of the satisfaction of basic psychological needs on the health impairment pathway. Rubino et al. (2009), too, found that, whilst personal resources fully mediated the health impairment pathway, this was only for reduced professional efficacy rather than cynicism or emotional exhaustion.

Compared to the mediating role of personal resources, their moderating role has received less attention, with studies focusing on the health impairment pathway. For example, in the study outlined above, Xanthopoulou et al. (2007a) found that personal resources did not moderate the relationship between job demands and exhaustion. However, Tremblay and Messervey (2011) found that the personal resource of compassion moderated the health impairment pathway by protecting individuals from job strain as a result of role over-load. Similarly Williams and colleagues (2009, 2010) studied South African public sector employees and found that emotional intelligence moderated the relationship between growth opportunity/advancement and dedication (but not vigour) with self-efficacy slightly

moderating the relationship between growth opportunities and dedication.

These studies, since they deal with a range of job demands and resources, have failed to produce significant results regarding moderating effects so, clearly, the evidence on the role of personal resources within the JD-R model is mixed. This qualification notwithstanding, what studies have been carried out on personal resources show that they can act as either mediators or moderators in the relationship between work characteristics and burnout and engagement (Xanthopoulou et al., 2007a). It is taken for granted that personal resources have the potential to influence positively the way in which an individual employee interprets and reacts to the work environment (Judge, Locke and Durham, 1997). Understanding the factors that make employees more prone to developing burnout and engagement has normative implications for creating more positive work environments.

2.3.2 Job Demands

Regarding the distinction between job demands, a recent distinction has been made in the literature on the JD-R model between challenge and hindrance job demands (Crawford et al., 2010; Van den Broeck et al., 2010). Challenge job demands (i.e. Workload, responsibility) are those have the potential to promote personal growth and achievement (Podsakoff, LePine and LePine, 2007). They are tantamount to opportunities to learn, achieve, and demonstrate competence, thus creating a rewarding work experience. As a result, as Crawford et al. (2010) have shown, positive emotions can engender an active approach to problem-solving. In contrast, hindrance job demands (e.g. Role overload, constraining company policies) are aspects of the work context that involve extreme and/or unfavorable constraints, which prevent an employee from achieving personal growth, learning, and goal attainment. They thus resonate with burnout rather than challenge job demands (Cavanaugh et al., 2000; Crawford et al., 2010). It is the case, then, that all types of demands more or less activate a health impairment process (Crawford et al., 2010). Given this generalization, it should be noted that research on the different roles of challenge and hindrance job demands in the JD-R model has tended to concentrate on the less established relationship between challenge job demands and engagement, but with contradictory findings.

2.3.3 Appraisal of the JD-R Model

Since its introduction at the turn of the 2000s (Demerouti et al., 2001), the JD-R model has

been appropriated and applied as a functioning theoretical framework for studying the factors causing burnout and fostering engagement in a number of work environments. An abundance of research has been published which uses the JD-R model to examine a variety of positive and negative outcomes of job demand and resource interactions, such as organizational commitment (Bakker, et al., 2003b), performance (Bakker, et al., 2004), job attitudes (Demerouti, et al., 2004; Li, et al., 2017) and sickness absenteeism (Schaufeli, et al., 2009b). Since its inception, research has been conducted across a variety of national and international work contexts (Wilcox and Kittler, 2011) in order to predict a range of interactional outcomes in the areas of organizational commitment (Bakker, et al., 2003b), performance (Bakker, et al., 2004) and job attitudes (Demerouti, et al., 2004). Llorens et al. (2006) tested the robustness of the JD-R model and found that its basic structure was upheld within different national and occupational contexts using different methodologies. Significantly, Lewig and Dollard (2003), in a study of Australian call centre employees, found that the JD-R model accounted for more variance in emotional exhaustion and job satisfaction than the Job Demand-Control model or Effort-Reward Imbalance model. Moreover, Van Veldhoven, et al. (2005) found that the JD-R model provided a better understanding of the impact of work context on well-being than the Job Demands-Control (-Support) model, so what started as a theory designed to explain burnout from two types of work characteristics developed into a model that many researchers have used to capture the complex contemporary world of work.

Having considered in some detail the JD-R model, the next step in this extended literature review is to focus attention on the following three areas: (1) the literature about the JD-R model in the field of healthcare, given that this study focuses on local and expatriate nurses in Kuwait; (2) the literature about work adjustment in an international context, given, again, the fact that this research concerns nurses as overseas workers; and (3) identifying studies relevant to the application of the JD-R model to expatriates and work adjustment, given the assumption that the empirical study of employee engagement is likely to show evidence of some crosspollination between these apparently separate academic literature streams. Preliminary to extending further this literature review dealing with the above-mentioned three areas, it should be summarily noted that, like other studies on expatriate management (e.g. Black et al., 1999; Breiden, et al., 2006; Rattrie, and Kittler, 2014), this research focuses primarily on work adjustment, and sees the workplace as a key area of interest that is strongly associated with work-related outcomes. Following this extensive survey of the voluminous literature on the JD-R model, including the criticisms issued against it, the remaining sections

in this overall detailed literature review will consider the literature about the JD-R model in relation to the following areas: (1) the international work context (section 2.4); (2) expatriate adjustment (section 2.5); and (3) nursing (section 2.6). The review will end by summarizing a number of hypotheses arising from the investigation of sources, in anticipation of further discussion in the methodology chapter of the study.

2.4   The JD-R Model and the International Work Context

At the outset of this subsection, two key questions can be posed that are of direct relevance to this research study. First, does the JD-R model, which was developed in national contexts, apply with due variations across different national work contexts and to international work situations? And, second, does the model need further theoretical development and empirical validation to deal with expatriate adjustment—the privileged topic of this research study? From these two questions, one objective can be formulated with special reference to the main topic of this research study. The objective is: to identify from the current empirical literature if any developments or amendments to the model are required that may foster its use in international contexts that can then be pursued when comparing local and expatriate nurses, with special reference to the adjustment of the latter to overseas work situations. The general issue informing both these objectives and the two key questions is the applicability of the JD-R model that was developed within national contexts, internationally and cross-nationally. In responding to these questions and the derived objective, an important qualification should be stated: to avoid assuming the universal applicability of the JD-R model, it is necessary to revisit how it has been conceptualized and applied to the empirical assessment of whether studies of international contexts accurately reflect the challenges and realities of nationally distinct work contexts. The relative lack of international JD-R studies then invites further empirical research to assess the external validity of any theoretical extensions of the JD-R model for use within cross-national and particularly international work contexts. This research is thus, to repeat, involved in the need to contribute to establishing the evidence-based universal applicability of the JD-R model through carrying out an empirical study of the comparative adjustment to work demands and resources on the part of local and foreign nurses in Kuwait.

The key context for considering the application of the JD-R model to the international work context is, of course, the globalization of labour. Globalization requires organizations to

understand how employees in and from different cultural origins respond to international work contexts. The need to be cognizant of the latter is highlighted by considering the increasingly multicultural and globally integrated world of work. Therefore, as globalization is an increasing concern for many organizations (Gyorkos et al., 2012), the JD-R literature has responded by studying how cultural variation influences the perceptions of and reactions to the work environment (Liu, Spector and Shi, 2007). However, research suggests that, due to cultural variations, the same working conditions might be perceived differently (Taras, Kirkman and Steel, 2010) and these are less likely to have equal effects on individuals from/in different cultural contexts (Gyorkos et al., 2012; Spector et al., 2007). With the pressing need for employees and companies to function successfully in an internationalizing environment (Caligiuri and Colakoglu, 2007; Stroh et al., 2005), the study of the international work contexts in multinational corporations is becoming increasingly relevant (Brewster and Scullion, 1997; Brewster et al., 2005), but the question arises of how pressure arising from factors such as geographical dispersion and frequent mobility affects the nature of employment and job characteristics (Taylor et al., 2008).

There is the need for the JD-R model to be even responsive to the determining and mediating role of culture in international work situations. This represents a potentially important theoretical extension to the model, serving to increase its utility in the future to help organizations to manage burnout, engagement, and their associated outcomes more effectively. Due to the increasingly international character of the work context in many organizations, the relative lack of studies is a key challenge to further theoretical and empirical contributions using the JD-R model. The JD-R model and the international work context with regard to the regional scope of the JD-R model in empirical research and the findings resulting from these studies have recently been systematically reviewed by Rattrie (2013) and Rattrie and Kittler (2014), whose meta-study reveals that, despite that fact that there is still a paucity of research with an international element to it when it comes to the use of the JD-R model, it has received abundant support at different levels across different nations, and thus they propose that it can act as a valuable research tool for predicting burnout and engagement across national contexts. Rattrie and Kittler observe that there has been an inflationary use of the JD-R model since its inception in 2001 (Demerouti et al.), yet there has been little attempt to review and assess the literature in a systematic manner. The few attempts at narrative review (Bakker and Demerouti, 2007; Demerouti and Bakker, 2011) and meta-analysis (Crawford et al., 2010; Nahrgang et al., 2011) have either drawn on

literature external to the JD-R model or not included literature based on essential criteria. Thus, according to Rattrie and Kittler, they do not offer a sufficiently workable synthesis of evidence that is useful in informing future research, policy and practice (Tranfield, Denyer and Smart, 2003).

Regarding conceptual extensions to the JD-R model, as noted in section 2.4 above, recent literature points at a distinction in job demands whereby hindrance and challenge demands have different relationships with burnout and engagement (Crawford et al., 2010) and the inclusion of personality-based characteristics as potential moderators of the JD-R assumptions (Xanthopoulou et al., 2007a). It is possible then that there will be mixed findings regarding the degree of support for the model because the distinction in job demands or a third interaction effect has not been accounted for in the previous literature but research is still needed in this area. The challenges of the international workplace require consideration with an extended or modified JD-R model. What is not disputed is that, due to the increasingly international character of the work context in many organizations, there are challenges to further theoretical and empirical contributions. Indeed, overall, the challenge is to see to what extent the JD-R assumptions hold up across different national, cross-national, and international contexts proper, bearing the following caveats in mind. Empirical support in previous national and (few) cross-national studies may have facilitated a simplified, unaltered extension of the JD-R model to international work contexts (e.g. Expatriate adjustment). An example are cross-national studies based primarily on different samples in one national context that largely ignore the need to adjust to rapidly changing environments (Salanova and Schaufeli, 2008). Heeding this tendency to the unaltered extension of the model, the choice of samples is considered as one of the critical factors of the international work context (Bhaskar-Shrinivas, et al., 2005), as is the tendency for change in work characteristics but one study that does not follow this tendency to simplify the extension of the model is that of Lazarova et al. (2010), who place the JD-R assumptions explicitly within an international assignment context drawing on Contagion Theory to increase the understanding of expatriate performance within the work-family interface (although, see section 2.5).

In the international context, meta-analytic evidence (Bhaskar-Shrinivas, et al., 2005; Hechanova, et al., 2003) indicates that the association of components that are used to assess the relationship between job characteristics, well-being and performance-related outcomes in national settings have also been addressed in international contexts. Note should also be made

of the spill-over from psychology into human resource management and international human resource management, presaging the potential for employing the JD-R model as a predictor and tool for managing well-being and performance-related outcomes, with the results being disseminated for use by practitioners. As the JD-R literature stream continues to grow, so will the identified sub-themes and blind spots relating to recently identified extensions of the model (e.g. the inclusion of personal resources and distinction in job demands), and even innovatory studies explicitly focusing on the international work context. To summarize, a systematic review of the research published to date from the inception of the JD-R model in 2001, has revealed an interest in finding: (1) whether the previous research supports the model across different national or international work contexts; and (2) whether there are any developments or amendments to the model in response to the international work context that might represent emerging insights. Certainly, there is solid empirical support for the application of the JD-R model across different national settings, making it a promising tool for predicting burnout and engagement. The conclusion of this subsection of the literature review can be succinctly stated thus: in the international work context, burnout and engagement may—and probably in many instances does—develop in the same manner as for employees in domestic contexts. In other words, job demands are the main predictors of burnout, whilst job resources are the main predictors of engagement. Therefore, the JD-R model is well placed to respond to international contexts and its empirical validation carries practical and theoretical relevance. Thus, it would appear reasonable to recommend a reduction in job demands in an international setting and an increase in the job resources available to employees embedded in an international assignment context (although the former is potentially more challenging in international work contexts).

2.5   The JD-R Model and Expatriate Adjustment

The key focus of this research project is the study of the comparative adjustment of local and expatriate nurses to the work situation in Kuwait. Thus, in this literature review, studies on the JD-R model and expatriate adjustment need to be considered but, as will be found, despite the high volume of publications, the model has not been widely adopted by scholars of expatriate adjustment. Thus, this research project aims to remedy this gap in the literature through conducting both empirical research and theoretical development. Against this background, what follows is a relatively detailed survey of the literature on expatriate adjustment, which serves as a prelude to yoking together selected concepts with the received

JD-R model later in the study. However, this potential cross-pollination is impossible at this early stage of reporting this research. In a review of the literature on the "Determinants and Consequences of Expatriate Adjustment", Puck et al. (2003) assess the existing studies with the aim of integrating them into a comprehensive model.

Two different concepts of adjustment have been distinguished in the literature. The first concept of adjustment stresses the degree of psychological adaptation experienced by an individual within a new society with the focus on subjective perception within a much changed environment (see, for example, Black 1988; Black 1990a; Black and Mendenhall; 1991, Feldman and Tompson, 1993; Sappinen, 1993; Schneider and Asakawa, 1995; Selmer 2002). The second concept of adjustment highlights objective factors, like performance criteria or the turnover-rate of expatriates (see, for example, Early, 1987; Edmond, 2002). Also, in the academic literature, adjustment has been conceptualized as both a unitary and a multi-faceted phenomenon. Early examples of the former are Lysgaard (1955), Oberg (1960), Ruben and Kealey (1979),) Torbiorn (1982) and Tung (1987), all of whom basically focus on an individual's adjustment to a new social situation. Examples of the latter in the literature on adjustment are (Black, 1988; Black and Gregersen, 1991a; Black, Mendenhall and Oddou, 1991; Gregerson and Black, 1990; McEvoy and Parker, 1995). For all of these researchers, adjustment is analysed into three main dimensions: (1) adjustment to the general environment (e.g. Feldmann, 1976; Black, 1988; Black et al., 1991); (2) adjustment to the work situation (e.g. Black and Porter, 1991, Feldmann, 1976; Feldmann and Tompson, 1993); and (3) adjustment to interacting with host nationals (e.g., Mendenhall and Oddou, 1985; Black, 1992).

The obvious inference of this multi-faceted approach is that an expatriate may be well adjusted to one dimension but, at the same time, poorly adjusted to another. For example, s/he may adapt to a new work situation in a foreign country but feel uncomfortable about interacting with the local people, and the converse may be the case too. For each individual dimension, work-related and non-work related factors need to be differentiated and investigated. Individual factors are further divided into personality-related and experience-related variables. Similarly, two work-related factors are distinguished. The first concerns the relationship between factors prior to leaving and adjustment, while the second indicates influences that may play an important role in the assessment of adjustment after arrival. The third factor is about non-work-related environmental aspects affecting adjustment. Let us

consider each of these dimensions of adjustment in turn. Black (1988) measured the adjustment to the general environment using 8 items, all using 7-point Likert-scales. The respondents were asked questions about their adjustment to the living conditions in general, the housing conditions, food, shopping, cost of living, entertainment/recreation facilities and opportunities and health care opportunities. Individual factors in the form of personality-related and experience-related factors are considered in terms of how they influence adjustment to the general environment.

There are four recent texts that could be deemed as relevant to making links between the JD-R model and work adjustment in the context of the expatriate literature. Here, these four papers will be considered according to step 5-Explicit selection criteria and step 6-Evaluation of Denyer's 8-step systematic review.

1. Mahajan, A. and De Silva, S.R. (2014) "Unmet role expectations of expatriates, host-country national support, and expatriate adjustment," *International Journal of Cross Cultural Management*.

This paper emphasizes the positive impact of support from host country nationals (HCNs) for expatriates. What might its use be for the present study? In response, it may be asked whether nurses from developing countries working in a Middle Eastern country mostly, if not exclusively, keep to themselves, living in provided accommodation, and avoid mixing with HCN nurses or local citizens. Specifically, are not many of the nurses in Kuwait Filipino? Filipinos have the international reputation of being infinitely malleable and are predominantly a "service" people. Filipino women (*pinays*) abroad working as nurses are sequestered in living quarters and are frugal with their income, most of which they send home to their families in the Philippines. As long as they get a better salary abroad in the Middle East than in their own country, they remain adaptable to their work situation, but it can be submitted that they do not become "acculturated"—that is, they do not identify with or take on the host Muslim culture (Ball, 2004). Regarding cultural differences, it must be remembered that most Filipinos are Roman Catholic, so an important issue for them is being unable to gather together to worship in public in Islamic countries like Saudi Arabia (Philippine Statistics Authority, 2015). Thus, in no way will female Filipino nurses consider themselves to be "expatriates" in Middle Eastern Muslim countries. They are working guests—or overseas foreign workers, in the official parlance of the Philippines—counting the time until they can return to their families back home. Of course, again, it depends on the

definition and the meaning of "expatriate".

2. Ren, H., Shaffer, M.A., Harrison, D.A., Fu, C. and Fodchuk, K.M. (2014) "Reactive adjustment or proactive embedding? Multistudy, multiwave evidence for dual pathways to expatriate retention," *Personnel Psychology*.

This paper deals with the job demands of expatriates on while international assignment. Although the multiple authors consider reactive demand-based and proactive resource-based pathways to expatriate retention, this only adds a conceptual elaboration to the JD-R model. The issue for this study is to see if this dualism applies to nurses as it might to managers in a Middle Eastern country. Despite the fact that this research demonstrates the importance of the resource-based pathway for expatriate assignments, the key factor of gender needs to be added in its application to the study of nurses as "expatriates".

3. Lazarova, M., Westman, M. and Shaffer, M.A. (2010) "Elucidating the positive side of the work-family interface on international assignments: A model of expatriate work and family performance," *Academy of Management Review*.

Drawing on the JD-R model and contagion theory, this paper conceptualizes the cognitive, affective, and conative influences on expatriates' work role and family performance, but again, as it deals with male managers and their families, the question is how relevant it might be to the study of the situations of the predominantly female nurses working overseas—and especially in a Middle Eastern country? This study also highlights the mediating role of engagement for understanding the influence of adjustment on role performance, dealing with spillover across work and family contexts. Theoretically, it could certainly add a psychological dimension to considering the role behaviour of nurses—and not to forget that the JD-R model emerged from work on occupational psychology.

4. Cole, N. and Nesbeth, K. (2014) "Why do international assignments fail? The expatriate families speak," *International Studies of Management and Organization*.

This study deals with a group of expatriate families who self-identified as having prematurely returned from an international assignment. Note the language again—international assignment-- but nurses from foreign countries are not an occupational category that go on ''international assignment''—especially to the Middle East.

What is the verdict on the usefulness of these four papers for the current research project, with its concern with making links between the JD-R model and the work adjustment of local and foreign cohorts of nurses in the context of the expatriate literature?

1. The problem with these four sources (and other sources in the expatriate literature) is that they are focused on expatriate male managers and their spouses on overseas assignments, whereas dealing with foreign nurses concerns mainly young, mostly unmarried women from developing countries who have been recruited through agencies in their home countries, usually jointly with government agencies in Middle Eastern countries, and so they work on a contractual basis overseas, which is quite different from male managers from first-world countries on overseas assignments.

2. Another issue is that young, unmarried women from developing countries working abroad in Muslim countries will not have the employment status of being middle class "expatriates", who are "working abroad", "on assignment", nor will they see themselves as such. In the case of Filipino nurses working abroad, both female and male, their official status according to the Filipino government is that of "overseas foreign workers (OFWs)". Gender is thus a crucial factor that is missing from these studies, as they assume that managers on overseas assignments are male.

3. Three of the papers are about family adjustment. Thus, they would be relevant if married nurses, who are abroad with their spouses, were included as part of the cohort of OFS nurses. Otherwise, their usefulness is questionable.

4. Thus, a researcher must be careful about assuming that these four papers are directly relevant to conducting a comparative study of cohorts of local (Kuwaiti) and overseas nurses with the employment status of OFW rather than managerial expatriates.

5. The gap in the literature on the work adjustment of expatriates that emerges from a study of these sources is that attention needs to be directed at nurses as OFW rather than "expatriates", unless the definition of this concept is theoretically extended to included OFW, and such an extension would be highly debatable.

6. Considered according to steps 5 (explicit selection criteria) and step 6 (evaluation) of Denyer's 8-step systematic review: according to step 5, these sources are of partial use to this research project for the reasons given above. According to step 6, the "quality" of these papers is not at issue; what is lacking is the study of non-managerial expatriates as OFW.

7. In section 2.2 of this chapter, a systematic review is characterized as "a specific

methodology that . . . that allows reasonably clear conclusions to be reached about what is and is not known" (Denyer and Tranfield, 2009, 671). On this view, it is ironic that these four texts have been assumed to be able to help to fill the gap in the cross-linking of the JD-R model and expatriate literature with a view to researching the comparative adaptation of local and foreign cohorts of nurses in Kuwait. "What is known", then, when critically considered, is that this quartet of texts actually highlights a gap in the literature and that they do not fill it! Thus this study will endeavour to make a theoretical and empirical contribution to this synapse in the two literature streams.

At the end of this section of this literature review, the key question can be posed: what contribution can the JD-R model make to understand the determinants and consequences of expatriate adjustment? Reciprocally, of course, the question can be asked: what contributions can understanding the determinants and consequences of expatriate adjustment make in developing the JD-R model? The responses to these questions will be debated in the next chapter on the methodology of the study but one proposition will be tended here:

1. Given (a) that adjustment has been conceptualized as a unitary or multifaceted phenomenon and (b) adjustment is analysed along the three main dimensions of the general environment, the work situation, and interaction with the host nationals, the introduction of concepts from the JD-R model can only mean that:

   • Expatriate adjustment will be further theorized as a complex, multi-variable phenomenon.

It will be up to the empirical research to find out in what ways and to what extent the causes and consequences of expatriate and local adjustment correlate with the causes and consequences of expatriate and local engagement as an outcome of the determining effects of job demands and resources.

2.6   The Application of the JD-R Model to the Adjustment of Expatriate Nurses

The final section of this extended literature review will deal with the application of the JD-R model to the study of "expatriate" nurses, with special reference to their work adjustment. It is opportune first here to restate the two questions introduced at the beginning of the JD-R model and the international work context section of this literature review: (1) Does the JD-R

model developed in national contexts apply with variations across different national work contexts? And (2) does the JD-R model need further theoretical development and empirical validation to be able to compare local and expatriate nurses, with special reference to the adjustment of the latter to the overseas work situation? At the end of 2001 paper, in which Demerouti et al. theoretically codified the JD-R model in a study of burnout at work, the researchers confirmed that the two-factor structure of exhaustion and disengagement that they identified was probably essentially invariant across occupational groups. The present comparative study, aimed at comparing the work adjustment of overseas nurses with local ones in Kuwait, aims to establish to what extent the proposition of Demerouti et al. (2001) holds. It will also endeavour to see how the now substantial literature on expatriate adjustment can contribute to theoretically expanding on the demand/resources dichotomy that forms the basis of the JD-R model. For, after all, the adjustment of all workers, be they national-local or foreign-expatriate, is to some specific structure of demands and resources. This is the premise of the model, is it not? If the model also involves the understanding that particular clusters of demands and resources will be differentially related to specific outcomes, then any research employing the model in the study of expatriate adjustment will have to account for the actual consequences of the separate but combined interaction of the binary structure of demands/resources.

On this understanding, then, it can be asked: in what ways and to what extent does the work adjustment of expatriate (overseas) nurses compare with the adjustment of local ones? Is the adjustment similar or quite different? Given these questions, the dependent variable to be accounted for in this research is the work adjustment of expatriate nurses compared with that of local ones, and the independent, explanatory variables are all of those conditions that account for this dependent variable. The year before Demerouti et al. published the paper that has been accepted in the literature as inaugurating the JD-R model in the *Journal of Applied Psychology*, the same quartet of researchers published a paper entitled "A model of burnout and life satisfaction among nurses" in the *Journal of Advanced Nursing* (Demerouti et al., 2000). This study of 109 German nurses aimed to test a theoretically-derived model of burnout and overall life satisfaction. What should be noted regarding the current study is that the researchers considered the life situation of the cohort of nurses, not only their working conditions. Whereas most of the literature theorizing about or applying the JD-R model deal with engagement as the affirmative opposite of burnout at the opposite of the scale of adaptation to a work situation, in this pioneering research study, Demerouti et al. (2000) went

beyond the job situation proper to the life context of work. This research project will follow suit, considering the double adjustment of expatriate nurses in Kuwait to their professional work situation and to living in a Middle Eastern Muslim country. It will also deal with the interaction between work and living conditions to ascertain whether these are enabling (positive) or detrimental (negative) to the overall "life satisfaction" of the two groups of nurses—expatriates and locals. Exploiting the distinction between the two conceptually different categories of working conditions, namely job demands and job resources, that subtend the model, Demerouti et al. (2000) formed three hypotheses:

(1) Job demands are most predictive of exhaustion (burnout). For example, demanding contact with patients and time pressure;

(2) Job resources are most predictive of disengagement from work. For example, poor rewards and a lack of participation in decision making; and

(3) Job demands and job resources have an indirect impact on nurses' life satisfaction, through the experience of burnout (i.e., exhaustion and disengagement).

The results of testing these three hypotheses confirmed two things: (1) the strong effects of job demands and job resources on exhaustion and disengagement, respectively; (2) and the mediating role of burnout between working conditions and life satisfaction. Taking these three hypotheses of Demerouti et al. (2000) as a starting point, this research study will, in turn, investigate how relevant they are to comparing the work and living situation of expatriate and local nurses in Kuwait, but an important qualification needs to be added which is this: the main concern of Demerouti et al (2000) was with burnout, as it was in the subsequently published seminal paper of 2001 on "the job demands-resources model of burnout". On the cusp of the new century, the chief concern of Demerouti et al. was to develop theoretically the JD-R model, albeit in relation to and arising from empirical research so, although they include an explicit reference to "life satisfaction" in the title of their paper, they did not actually deal with how adaptation to the job situation had affirmative outcomes for the lives of the German nurses whom they studied. However, only a few years later, Demerouti published a paper precisely concerning this missing strand of research, entitled "Towards a typology of work-home interference: the prevalence of work-home interference patterns under specific individual, job and home characteristics" (Demerouti and Geurts, 2004). This paper was published in the journal titled, *Community, Work & Family*. Consequently, in 2008, along with three other researchers, including the ever-present Bakker,

Demerouti published a paper on "Work-home interference among nurses: reciprocal relationships with job demands and health" in the *Journal of Advanced Nursing* (Van Der Heijden et al., 2008).

Now, the concern for life satisfaction has to be of paramount importance in the present cross-cultural study, considered, of course, in relation to the possible negative outcomes of disengagement and burnout, and the literature on this area has been considerable. Here, only a few relevant sources will be noted. Very shortly after Demerouti et al. (2000) published their paper on burnout and life satisfaction among nurses, Shader et al. (2001) researched the factors influencing satisfaction and anticipated turnover for nurses in an academic medical centre, and Tzeng (2002) carried out an empirical investigation in Taiwan of the influence of nurses' working motivation and job satisfaction on their intention to quit. For a study attempting to predict registered nurses' job satisfaction and intention to leave, see Larabee et al. (2003), and for a study on patients' satisfaction and the quality of nursing care in conjunction with the job satisfaction of Jordanian nurses, see Mrayyan et al. (2006). Also, for a literature review of job satisfaction among nurses, see Lu et al. (2005) and for studies of the factors that influence nurses' job satisfaction, see Chen-Chung et al. (2003) and Ingersoll et al. (2002). Obviously, in this regard, the positive adaptation of expatriates in any job is manifest in job satisfaction but, in the case of nurses, there is more or less a problem related to recruitment and retention in developed as well as developing countries. However, in the case of the latter, nursing shortages and high turnover lead developing countries to employ expatriate nurses with the intention of improving the efficiency and effectiveness of their health-care delivery systems. Noting this, the challenge of this research will be to determine the levels of job satisfaction or dissatisfaction amongst expatriate and local nursing cohorts.

On this account, see Zaghloul et al. (2008) for a study of the intention of nurses to stay and satisfaction dimensions. They carried out a cross-sectional descriptive study of nurse job satisfaction in relation to their intention to stay at King Faisal University Hospital in Al-Khobar in eastern Saudi Arabia. All of the nurses available at the time of the study were included (499 nurses), from different departments. The conclusion of this study was that job satisfaction dimensions other than salary and incentives may anticipate the possible intention of nurses to stay in the health facility where they work. Leadership styles in the health organization and challenging opportunities at work are also of crucial importance. The job

satisfaction of new nursing graduates regarding workplace well-being has been studied as a test of using the job demands-resources model by Laschinger et al. (2012).

What, then, of further studies in the literature on nursing that apply the JD-R model that take into account nurses who leave expatriate employment or maintain a commitment to a job and living situation overseas? Before considering a selection of useful sources, a historical note may be added here on the work of Demerouti that was published during the 1990s and led up to the now well-known 2001 paper. Greek-born Demerouti trained first as a psychologist and then moved academically into the field of work and organizational psychology, studying in Germany, where she undertook doctoral studies between 1994-1999 under the supervision of Prof. Dr. Friedhelm Nachreiner (Oldenburg University) and Prof. Dr. Wilmar B. Schaufeli (Utrecht University). Note that the latter two senior academics are included in the quartet of researchers, along with the prolific Dutch scholar Bakker, named as the apparent joint authors of the 2001 paper that, to reiterate, codified the JD-R model. It was Schaufeli who, independently with another colleague, published a whole book on burnout entitled *The burnout companion to study and practice: A critical analysis* (1998), whilst Demerouti was compiling her PhD. Schaufeli is also named, with Bakker, as the authors, together with two other researchers, of a paper on "Effort-reward imbalance and burnout among nurses" (Bakker et al., 2000) that was published in the *Journal of Advanced Nursing* just four months before Demerouti et al.'s "A model of burnout and life satisfaction amongst nurses" appeared in the August edition of the same journal.

Given Demerouti's background in the field of occupational psychology, it is understandable that the 2001 paper was published in the *Journal of Applied Psychology*. Academically speaking, the emergence of the JD-R model can, then, with hindsight, be appreciated as representing an intervention of psychology into the field of human relations in the workplace. Moreover, it is no surprise that nurses became a favoured employment cohort to study, as they exhibit a unique profile of demand/resources issues to research, especially regarding burnout. Demerouti, on her part, lectured on the theories/models and convened seminars on burnout and nurses on further education programmes when still a doctoral student in the late 1990s. At the time of the publication of the 2000 paper on nursing and burnout, she started reviewing for the following academic journals: the *Journal of Advanced Nursing*, the *European Journal of Work & Organizational Psychology*, and the *Journal of Occupational*

Health Psychology. Throughout the 2000s, Demerouti published many papers in these journals (see her curriculum vitae, 2015).

What, then, of further studies in the literature on nursing that apply the JD-R model that take into account nurses who leave expatriate employment or maintain commitment to a job and living situation overseas? Research conducted by other scholars in the late 2000s continued the focus on nurses' burnout and the issue of impaired engagement (Clausen et al., 2012; El-Jardali, 2011; Garrosa et al., 2011; Hensen et al., 2009; Jourdain, G. and Chênevert, D., 2010). Hensen et al. (2009), in the context of work and organizational psychology, studied the origin and prevalence of burnout in health care by investigating factors in the psychosocial work environment and comparing three Swedish emergency hospitals with different types of ownership. It was found, unsurprisingly, that the greater the job demands on nurses, the higher the burnout levels. Job resources were linked to lower burnout levels, but not for all variables. In general, demands were more predictive of burnout than resources, and there were only marginal differences in the pattern of predictors across hospitals. Jourdain and Chênevert's (2010) study applied the JD-R model to the prevalence of burnout vis-à-vis the intention to leave the nursing profession. This paper considered the role of burnout in the relationship between stress factors related to nurses' work and social environment and intention to leave the profession. It was found that job demands are the highest determinants of emotional exhaustion and indirectly induce depersonalization via emotional exhaustion, whereas resources predict depersonalization. The results of this study should be noted for the research in hand, centered, as it is, on comparting the work adjustment of expatriate and local nurses.

Garrosa et al. (2011) carried out a cross-sectional study of burnout and engagement (characterized by vigour, dedication, and absorption) with regards to role stress and personal resources (optimism, hardy personality, and emotional competence) in nursing. This cross-sectional data of a large cohort of 508 nurses from general hospitals in Madrid indicated that both role stress and personal resources were related to burnout and engagement dimensions, although personal resources were more closely related to nursing engagement. Given the controls for personal resources and socio-demographic variables, this study provides evidence for role stress being an important predictor of burnout and engagement in nursing. El-Jardali et al. studied nurses' work environment in Lebanese hospitals, given the avowed intention of many of them to leave owing to their poor work environments that threatened the

quality of patient care in resource-stretched health care systems in the Easter Mediterranean Region. Although the stress here is on inadequate resources affecting the working conditions of nurses, it is relevant to the current research project that other institutional resources, such as HM management and professional leadership, may constitute a perceived job situation that is overloaded with demands leading to stress and possible burnout or, if not, for nurses, ironically, health problems.

Obviously, the positive adaptation of expatriates to any job is manifested in their job satisfaction, but as already noted in the case of nurses, there is more or less a problem of recruitment and retention in developed as well as developing countries. However, in the case of the latter, nursing shortages and high turnover lead developing countries to employ expatriate nurses with the intention of improving the efficiency and effectiveness of their health-care delivery systems. Noting this, the challenge of this research will be to identify the levels of job satisfaction or dissatisfaction amongst expatriate and local nursing cohorts. This research challenge returns to once more state; the two informing questions of this final section of the literature review: (1) Does the JD-R model developed in national contexts apply with variations across different national work contexts? And (2) does the JD-R model needs further theoretical development and empirical validation to be able to compare local and expatriate nurses, with special reference to the adjustment of the latter to the overseas work situation? These two questions highlight the issues of the invariant application of the JD-R model and the testability of the empirical findings.

2.7 Conclusion

The challenge facing this study is to determine the analytical relevance and predictive value of the JD-R model, as applied to the case of work adjustment in a particular international work context—that of a comparative-empirical study of expatriate and local nurse workforces in Kuwait. Regarding the working hypotheses that emerge from the extensive literature review, the following summary can be made in anticipation of the longer discussion offered in the next chapter on the methodology of this research study.

Already in subsection 2.5 **on the JD-R model applied to the adjustment of expatriate nurses**, it was stated that, to reiterate, exploiting the distinction between the two conceptually different categories of working conditions, namely job demands and job resources that subtend the model, Demerouti et al. (2000) formed three hypotheses:

1. Job demands are most predictive of exhaustion (burnout). For example, demanding contact with patients and time pressure;

2. Job resources are most predictive of disengagement from work. For example, poor rewards and lack of participation in decision making; and

3. Job demands and job resources have an indirect impact on nurses' life satisfaction, through the experience of burnout (i.e., exhaustion and disengagement).

It was also noted that the results of testing these three hypotheses confirmed two things: (1) the strong effects of job demands and job resources on burnout and engagement respectively; (2) and the mediating role of burnout between working conditions and life satisfaction. It is generally assumed then that the above three hypotheses and results will be confirmed as a result of the comparative-empirical inquiry carried out in the present study.

This research study will also test the following hypothesis:

1. The perception of job demands and resources differs for Kuwaiti and expatriate nurses.

At the outset of subsection 2.5 on **the JD-R model and the international work context**, two key questions were posed that were of direct relevance to this research study:

1. Is the job demands resources model applicable and remain consistent within the context typified by Kuwait?

2. In what ways is the JD-R model applicable to the study of international expatriate nurses?

In sum, this research study will endeavour to ascertain the extent to which the following two correlations hold:

1. Work-related outcomes are associated with work adjustment.

   a. Work engagement is positively associated with work adjustment.

   b. Burnout is negatively associated with work adjustment.

This research, then, acknowledges the need to need to contribute to establishing the evidence-based universal applicability of the JD-R model through carrying out an empirical study of the comparative adjustment to work demands and resources on the part of local and expatriate nurses in Kuwait. Overall, it accepts that the challenge is to see to what extent the JD-R

assumptions hold up across different national, cross-national, and international contexts proper.

Chapter 3

3.1   Methodology

In the last chapter the research questions were justified but this poses a number of methodological challenges with important choices about the way data is to be collected, analysed and the results interpreted. In this chapter the mixed methods approach of the project is described and justified. Firstly, the key choices of research design are discussed in section 3.2, the importance of the philosophical position of the research is explored next in section 3.3 and the tension between positivist and subjectivist approaches in JDR investigation is discussed in section 3.3. The ethical considerations of this research are presented in section 3.4. Lastly, the details of the qualitative (3.5) and quantitative research methods is discussed in section 3.7 followed by details of data analysis phases (section 3.6.1, section 3.7.5).

3.2   Research Design and Strategy

Social science researchers were found predominantly to use both qualitative and quantitative approaches to study burnout, engagement, job demands, job resources, and personal resources by using the JD-R model. Academics and industry experts have not only shown a great level of interest in using this model in their research, but also considered it a valuable framework for organising and managing the antecedents of burnout and work engagement (Wilcox and Kittler, 2011).

Following the recommendations by Saunders et al. (2016), this study employed a mixed method approach by adopting a sequential exploratory design. Whereas, the qualitative research questions are normally exploratory to understand the phenomenon under study, the quantitative methods aim to confirm this information on a broader context and test the theoretical proposition. So, it will give the researcher opportunity to make better and stronger inferences as the use of both methods balance the demerits of each other. Likewise, this research follows this dominant trend to investigate work adjustment among expatriate nurses, how their job demands and job resources differ from those of local nurses, and what impact this has on their work adjustment, through the use of the JD-R model. The use of this model in this study made it possible to incorporate many possible working conditions as well as to

focus on both the negative and positive indicators of employee well-being (Bakker and Demerouti, 2017).

On the one hand, the research questions presented in section 1.2.2 justify the use of the qualitative approach, as answering those questions requires a subjective interpretation of people's views, opinions and experiences to understand the phenomena. On the other hand, the nature of the hypotheses outlined in section 3.7.1 appeared to suit the quantitative approach. In both of these approaches, the JD-R model was used as the instrument to investigate accurately the phenomena under study. The application of the model provides the researcher with a flexible, adaptable, and non-prescriptive approach that can be appropriately applied to a variety of contexts. Earlier studies on nursing used this conceptual framework (see Clausen et al., 2012; Laschinger et al., 2012; Moloney et at., 2017; Grover et al., 2018; Roelen et al., 2018; Van der Heijden et al., 2018). Similarly, other researchers, like Bakker et al. (2010), Korunka et al. (2010), Hakanen et al. (2008), Llorens, et al. (2006), Halbesleben and Buckley (2004), and Schaufeli and Bakker (2004), used this model in their research on various business sectors such as healthcare, manufacturing and construction, as well as government and public sectors. Rattrie (2013) and Wilcox and Kittler (2011) recommended this model as an important tool that can be used to understand the work experiences of expatriate workers in different countries' contexts.

These studies tend to indicate that, due to the different context, it is necessary to use a qualitative exploratory analysis with job holders who represent various aspects of their context of interest to reveal the constellation of potentially relevant demands or resources. This information can then be used on a broader scale with quantitative methods to assess the JD-R assumptions. Furthermore, as employed by Rattrie (2013) in her study on international business travelers and also by Hunt et al. (2010) in their work on sexual harassment, this study similarly formulated a conceptual intervention model to understand the research dimensions. Therefore, this study used a combination of exploratory and descriptive approaches for its qualitative analysis, and an explanatory approach for the quantitative analysis. In its exploratory approach, the different job demands and resources faced by expatriate and local nurses respectively in real terms were explored, while the descriptive part described in what ways the JD-R model is applicable to the study of international expatriate nurses. Correspondingly, the explanatory part tested the relationship between job demands,

job resources and work adjustment among expatriate nurses. The qualitative study here provided the foundation for the subsequent quantitative study.

At first, the qualitative study assessed the JD-R model in the expatriate nurses' work context. It aimed to explore expatriate nurses' work experience in relation to the development of burnout and engagement. Semi-structured interviews were used to identify the critical predictors of burnout and engagement for expatriate nurses. Their responses often described these two factors as anxiety, exhaustion, fatigue, low esteem/efficacy, depletion, dedication, devotion, and commitment to their work. To confirm that the JD-R model had captured all of the relevant and important aspects of the context, the participants were not only encouraged to think about any demands or resources that did not fall into the categories of their work or personal factors (e.g. household or social) during the interview, but also asked whether anything important had been omitted during the interview process.

After that, the quantitative approach was used to test the hypotheses related to whether the propositions of the JD-R model and the potential amendments identified through the qualitative study can be projected onto the larger population of expatriate nurses' work context. The validity and reliability were considered throughout in order to produce rigorous findings.

3.3   Philosophical Standpoint

Explaining the researcher's philosophical standpoint is important because it contains essential assumptions made by the researcher when viewing a complex social situation. This helps the researcher and the reader not only to understand the rich complexity of the phenomenon studied by following a specific philosophical tradition, but also to accept or argue against the interpretations and results of the research. This research aims to determine whether the job demands and job resources of expatriate workers differ from those of locals and their impact on the former's work adjustment. Here, the researcher's choice to follow a mixed-methods research design, combining both qualitative and quantitative methods, signifies how the understanding of the phenomenon and explanations were sought, thus leading to a more a context-specific interpretation and result. To assess the differences regarding the job demands, job resources and work adjustment between these two groups of workers, this mixed-methods design tends to endorse a deductive approach, which is in common with the

previous JD-R literature discussed in chapter 2. It is observable that many JD-R studies have followed a purely positivist approach where the problem was viewed objectively, and many have followed interpretivism, as the problem is constructed and given meaning subjectively. Several empirical works go beyond this pure subjectiveness and objectiveness, and the JD-R literature also reveals a handful of studies that have followed a more pragmatic, constructivist, or realist approach.

In order to ensure the validity and robustness of this research, the focus here is to confirm that: (i) the use of more than one method of data collection (often referred to as triangulation) helps to improves validity (Bryman and Bell 2015; Cresswell, 2014); (ii) this helps to make sure that there is no 'gap' in the data collection; (iii) the research questions are interpreted from a number of perspectives; and, (iv) the risk of analysis being influenced by the presence of the preconceived notions of the researcher is reduced. Therefore, a choice between either positivism or interpretivism as the research philosophy was deemed less favourable in this situation. Therefore, ontologically and epistemologically the approach of 'pragmatism' appears more appropriate for this research. Pragmatism approach promotes the idea that a methodology is dictated by the need to respond to a particular question (Saunders et al., 2016; Tashakkori and Tiddlie, 2010). The characteristics of the current research questions do not suggest unambiguously the adoption of either a positivist or interpretivist philosophy. Therefore, according to pragmatism, both philosophies can be incorporated in the form of a 'mixed-method', offering the flexibility to choose the most appropriate research design. This is further supported by Morgan and Smirch (1980), who highlighted that a mixed method is appropriate within a largely deductive, objective perspective. Similarly, by supporting pragmatism, Tashakkori and Teddlie, (1998, p.30) noted that, "You should study what interests you and is of value to you, study in the different ways in which you deem appropriate, and use the results in ways that can bring about positive consequences within your value system".

In the qualitative approach, the researcher's notion is that people's experience, knowledge, views and understanding are meaningful properties of the social reality, which the research questions (outlined in section 1.2.2) are designed to explore. The reasoning behind the selection of semi-structured interviews is that the work environment that forms the focus of this study is categorised into job demands/resources and these, along with personal resources, are specifically significant in the development of burnout and engagement. This approach

implements a theoretical approach that confirms the realist ontological perspective of the researcher by assuming that locals and expatriates face different job demands and job resources, which is independent of their understanding. According to Blumberg et al. (2011), the realists assert that there are macro level forces and social processes that lie beyond the control of humans which affect people's behaviour and beliefs. At the individual human level or micro level, subjective individual interpretations of reality are important for developing a full understanding of the phenomenon. Therefore, this research justifies the realist approach of identifying the external elements, describing the general forces and processes influencing humans, as well as investigating how people interpret and give meaning to their situation.

Additionally, considering the pragmatist stance of the researcher, in response to the qualitative research objectives, elements of a constructivist epistemology are incorporated though the use of exploratory methods focusing on how the participants understand, interpret and attribute meaning to their world. However, it is important to note that the research can have very different implications if the researcher ontologically subscribes to a purely subjectivist approach and epistemologically to an interpretivist or constructionist (strong or weak) approach. Lincoln and Guba (1985) argued that social science research can produce multiple, socially-constructed realities, which must be studied holistically from a subjectivist and interpretivist ontological and epistemological stance. Their argument continued with the notion that, with this research type, people should be the main instrument of the data collection. This is because of the difficulty associated with the use of statistical tools or non-human instruments to interact with the human participants and reveal how the participants have constructed the multiple realities of the phenomenon under investigation—"the knower and the known are inseparable", as they stated (Lincoln and Guba, 1985: 37). Therefore, the axiological position of the researcher must be value-bound and engaged within the research context where the participants have to be in their natural setting. This is required because the participants' realities cannot be understood in isolation from their context and so must be considered as a whole.

In the quantitative approach, this research subscribes to a deductive, positivist epistemology and approves the realist ontological perspective of the researcher. This is supported, firstly, by observing the positivist studies in the JD-R literature highlighted in the empirical works presented in chapter 2, supporting the positivists' notion that knowledge is developed by investigating the social reality through observing objective facts (Blumberg et al., 2011);

secondly, by the use of hypotheses seeking to explain the causal relationships that have been developed in relation to theory, founded upon the assumption that expatriate and local nurses' actions, attitudes and behaviour are determined by their work environment, which are then used to formulate further theory (see chapter 6); and, thirdly, the use of a highly structured survey questionnaire for a broad population of expatriate nurses working in Kuwait, that focuses on observation via measurement instruments and reasoning with the JD-R model due to the objectivity and independence of the researcher.

3.4   Ethical Considerations

Prior to conducting the empirical work, formal ethical approval was sought from the ethics committee of the University of Stirling by submitting information regarding the project's nature, aims, goals, objectives, time-frame, and recruitment methods. For the data collection, both the interview questions and survey questionnaire clearly highlighted the purpose and risk factors associated with the research. In this case, no risk factors were associated with the research participants since the research excluded the involvement of any vulnerable group (e.g. children and minorities) and avoided the discussion or measurements of sensitive issues (e.g. illegal immigrants, fake/expired work-permits). The questionnaires also contained information on the confidentiality and anonymity that would be maintained by the researcher so that the respondents would not feel threatened or criticised for their participation. Informed consent was sought from individuals prior to their participation. Additional to the consent obtained from the Kuwait Ministry of Healthcare and the hospital authorities concerned, the degree of freedom to take part in the interview and questionnaire was communicated to each participant prior to their involvement.

This ensured enhanced cooperation between the respondents and the researcher. Furthermore, the usage and secure storage or disposal of the information provided by the respondents were clearly explained, although they were made aware of the fact that the results would be published in academic journals and presented at conferences.

While it is the duty of any researcher to avoid or prevent harm to the people involved in her/his research, it is also important to ensure that their dignity is maintained at all times. Therefore, in this research the researcher did not discriminate against any person, based on the differences in religion, culture, ethnicity, and gender. She did not use any procedure or practice that could cause any sort of discomfort or harm to the participants. Furthermore,

plagiarism, the falsification of results and other kinds of academic misconduct were also fully avoided, as per the University of Stirling's ethical conduct guidelines. While carrying out the research in the UK and Kuwait, the researcher was also aware of the regulatory requirements of her research and made great efforts to ensure that she abided by these.

3.5   Study 1 : Method for the Qualitative Study

To determine what the international expatriate nurses and local nurses considered to be the most eminent predictors of burnout and engagement, they were interviewed in an exploratory manner. The phenomenon was explored further to identify how it led the participants to feel either burnout or engagement, which contributes to an increased understanding of any potential amendments to the JD-R model regarding the work context of expatriate nurses. It was therefore very important that the researcher followed a rigorous but flexible research method (in this case, a qualitative approach) to gain a concise and holistic perspective of the participants' experiences. This provided an in-depth understanding of the phenomenon and is suggested to be useful for studies where the research problem refers to a wide-ranging problem area and the researcher needs to detect and identify the issues relevant to understanding that situation (Blumberg et al. 2011). Furthermore, according to Mason (2013), qualitative methods operate from the perspective where knowledge is contextual and situated. Through the use of qualitative questions, the relevant contexts can be brought into focus so that situated knowledge can be produced. She further added that, generally, it is assumed that, from the interview answers, relevant data are gathered and knowledge is subsequently constructed by deciphering the responses provided by the participants (Mason, 2013). Therefore, qualitative researchers consider (see Merriam, 2009; Sinkovics et al., 2008; Draper, 2004) these methods (in this case, qualitative interviews) to be sufficiently dynamic to produce a deep understanding of the phenomenon, and suitable for assessing areas where research is scarce.

In this research, a number of techniques suggested by Merriam (2009), Denzin and Lincoln (2000), Lincoln (1995), Guba and Lincoln (1989), and Guba (1981) were implemented to ensure its rigour, quality, and trustworthiness. In this regard, although some researchers favoured ensuring validity and reliability to guarantee the robustness of qualitative studies (Pitts, 1994), notable qualitative experts like Silverman (2001) demonstrated how a qualitative study can incorporate those measures which are more appropriately applied to

quantitative studies. For example, Guba (1981) suggested four criteria: (a) credibility—in preference to internal validity; (b) transferability—in preference to external validity/generalisability; (c) dependability—in preference to reliability; and (d) confirmability—in preference to objectivity. According to him, these four aspects should be considered as the parameters for a trustworthy qualitative study. Although some think that the whole paradigm of qualitative enquiry is "still emerging and being defined" (Lincoln, 1995: 275), other prominent researchers have accepted Guba's framework of trustworthy research (see Merriam, 2009; Sinkovics et al., 2008; Draper, 2004; Shenton, 2004).

Table 3-1: Guidelines followed to achieve trustworthy research

Area of trustworthiness to be achieved	Steps taken to achieve trustworthiness in research
Credibility: "Related to whether the research findings capture what is really occurring in the context and whether or not the researcher learnt what he or she intended to learn" (Merriam, 1998).	Ensuring credibility is one of the most important factors in establishing trustworthiness (Lincoln and Guba, 1985). The following provisions were used in this research to establish credibility. 1) Firstly, the adoption of appropriate research methods. This research investigated the work adjustment of the expatriates and locals in their workforces. It was primarily descriptive and, theoretically, it was thought to constantly be checking emerging ideas against the data to assess the data 'fit' to the JD-R model or whether the data represented a different theoretical approach. The researcher was fully aware of the fact that, in qualitative studies, meanings and understandings are created by the researchers from the responses received, which is effectively a co-production that involves the researcher and the respondents (Kvale, 1996). However, in this case, the researcher was reflective and attempted to minimise the construction and interpretations of the data as far as possible. Following Yin's (2009) method, it was therefore very important to incorporate the correct operational measures for the phenomenon to be studied. So, the line questioning pursued during the data gathering sessions and the methods of data analysis were derived from those that have been successfully utilised in previous comparable studies (Chen and Hernon, 1982; Dervin, 1977, 1976; Shenton, 2004). 2) Secondly, the development of an early familiarity with the culture of the participating organisations before the data collection took place (Lincoln and Guba, 1985). This research collected respondents through qualitative interviews from 5 hospitals situated in Kuwait, which is also the researcher's

	home country. The researcher developed a familiarity with the context via her observation of the culture and through making preliminary visits to the organisations herself. This strategy is also recommended by Erlandson et al. (1993) and Silverman (2000). 3) Thirdly, the use of site triangulation. Underpinned by Dervin's (1977) 'circling reality', site triangulation involves the participation of information among several organisations to reduce the effect on the study of specific local factors that are peculiar to a single institution. In this research, the participants were chosen from five hospitals so that the findings might have greater credibility for the reader and also to produce a better and more stable view of reality based on a variety of perspectives. Next, tactics were employed to ensure the informants' honesty when contributing data. Although an incentive was offered to the respondents in return for their participation, they were encouraged and assured that they could talk without any fear of losing credibility among their employers. Informed consent was sought from each individual, together with an explanation of their right to withdraw from the study at any point. Data were collected to the point of saturation and replication by following the guidelines of Creswell (2006), who found saturation for his study at 25 participants, which is similar to this study.
Transferability: Related to whether the research findings are germane to similar contexts (Pitney, 2004).	Unlike the generalisability of quantitative research, qualitative research seeks "a depth rather than breadth" of information, and insight and understanding regarding a specific context (Pitney, 2004: 27). The 'transferability' criteria require all researchers to ensure that sufficient contextual information about the phenomenon is provided in the study to enable the readers to accept it (Firestone, 1993; Lincoln and Guba, 1985). It is similarly important for the researcher to outline the boundaries of the study to its readers (Pitts, 1994; Marchionini and Teague, 1987). In this regard, Shenton (2004) focused on providing the following five criteria to ensure transferability: (i) the number of organisations which took part in the study; (ii) the number of participants involved in the study; (iii) the data collection methods which were employed; (iv) the number and length of the data collection sessions; and (v) the length of time for which the data were collected. By following these guidelines, this research followed a 'multisite design' to analyse data from multiple settings and identify the common themes among them. The study gathered background information about the local and expatriates nurses from nine different countries working in Kuwait, aiming to find the differences between their job demands and job resources and also to find what impact this has on their work adjustment. Shelton's transferability guideline is

	also followed. It is therefore assumed that the findings and conclusions of this research may be applicable as a 'baseline understanding' (Gross, 1998) for the readers of a similar type of research environment, especially for those with same research objective and aim.
Dependability: Based not on whether particular findings can be reproduced by another researcher but rather whether they are reasonably based on the data collected (Pitney, 2004).	Florio-Ruane (1991:235) commented how the researcher's observations are tied to the situation of the study, arguing that the "published descriptions are static and frozen in the 'ethnographic present'". Lincoln and Guba (1985) stressed that a close tie exists between credibility and dependability and that a demonstration of the former goes some way towards ensuring the latter. In this research, the following attempts were made to ensure this. 1) Firstly, the research design and its implementation were clarified adequately; describing what was planned and executed. 2) Secondly, the operational detail of data gathering was justified. The research protocol specified congruence among the participants regarding the collection and recording of data, the clarification of ethical issues and transcription. A description of the term 'demand' and 'resource' was provided to the participants to enhance their understanding of the JD-R model. This ensured that the participants were aware of the meanings and, consequently, achieving methodological congruence and findings derived from conceptually similar ideas. 3) Furthermore, an 'audit trail' was conducted to track the researchers' decisions regarding the data collection and analysis. This audit trail documented why particular individuals were interviewed and how that information appeared to be related to other information. CAQDAS packages were used (NVivo11) to handle the large volume of data, enabling the understanding and creation of information and so greater methodological rigour (Chowdhury, 2015). This ensures the further authentication of the findings of the research to the readers.
Confirmability: Related to the researcher's comparable concern with objectivity (Shenton, 2004).	While Miles and Huberman (1994) provided the key element for confirmability, that is the extent to which the researcher admits his/her own predispositions, Shenton (2004) highlighted the steps which must be considered as extensively as possible, to ensure that the findings of the research reflect the experiences and ideas of the participants, rather than the characteristics and preferences of the researcher. Therefore, to reduce the effect of researcher bias, this research undertook triangulation of the data collection and adopted the mixed-method approach. The sample was recruited from individuals of different nationalities, as this was thought to generate results that would be valid for the context.

Creswell (2014) suggested that a researcher should use at least two of the aforementioned strategies to ensure the overall trustworthiness of the research. This research attempted to follow all four strategies. Interestingly, Bailey (1996) argued that the researcher's view of trustworthiness, regardless of the type of qualitative method used or the various strategies employed, in a qualitative study, should have a 'ring of truth' due to being well-grounded and supported by examples from the data. Furthermore, Cutcliffe and McKenna (1999) commented that research findings that are regarded as meaningful and applicable by practitioners and readers are considered the most useful indicator of the credibility of any qualitative study. Therefore, examining the overall trustworthiness of a study can be facilitated by considering the concepts of credibility, transferability, dependability, and confirmability, which offer a fundamental basis for the initial evaluation of qualitative findings (Pitney 2004).

3.5.1 Sample and data collection

A non-probability purposive sampling technique was administered and 25 nurses were selected to be included in this study. The rationale of this sampling approach was to access those respondents who can answer research questions of this study. Other factors which contributed to this selection process were; access to the interview sites and availability of key informants. Nursing profession is a very busy profession, hence access to the hospitals and availability of nurses were key consideration in the selection process. Out of more than 20 public hospitals located in Kuwait City (the capital) and its outskirts, six hospitals were approached, five of which agreed to participate in the research. These five hospitals agreed to allow the researcher to visit them and collect data from their local and expatriate nurses. The selected hospitals were then approached and an updated database of registered nurses was sought from the authorities. This ensured that the list of expatriate and local nurses was up-to-date and that all of the nurses were residing in Kuwait during the data collection period. There were 25 respondents in total, of whom 19 were expatriate nurses from eight different countries, and six were local nurses from Kuwait. Of these, 18 were female and seven male. All of these nurses were full-time staff. The participants functioned in different medical areas (medical ward, surgical ward, intensive care unit, maternity ward, and other departments).

Another key consideration with respect to the sample size is the point of saturation. Bowen (2008) commented that proving saturation is possibly difficult because it emerges out of feel for the data that can only be achieved if the investigator is immersed in the data collection

and analysis. According to Creswell (2014) and Mason (2013), the appropriate sample size for qualitative research is dictated by a point of saturation unique to that study. A number of factors determine the point of saturation, such as the complexity of the research aims and objectives (Charmaz, 2006), the nature and scope of the study, the quality of the data, the design of the analysis (Morse, 2000), the expertise of the investigator (Jette et al., 2003), the heterogeneity of the population, the number of selection criteria, the availability of resources, the budget, and the time available (Ritchie et al., 2003; Mason, 2013).

Selecting the point of saturation has been proven to be difficult and different researchers have used different points of saturation depending on their specific research characteristics. Creswell (2014) suggested that the saturation point of his studies varied from five to 25 participants, whereas Guest et al. (2006) found only seven sources to be their ideal sample size, although they did not specify the reason for this. Likewise, Bertaux (1981) suggested that 15 interviews is an acceptable number, even though Charmaz's (2006) minimum acceptable requirement was 25, whereas for others it took around 20 interviews to reach saturation point (Green and Thorogood, 2009). Several researchers have suggested up to 50 interviews (Ritchie et al., 2003), which may seem too large to most qualitative researchers. Here, it is pertinent to mention Mason's (2010) investigation on sample size and saturation across 560 doctoral studies using qualitative interviews. He found 31 to be the mean sample size for the qualitative interviews conducted by these doctoral researchers.

It is worth mentioning that the point of saturation for the researcher here is likely to differ from those with extensive experience of and exposure to the JD-R model (i.e. Bakker et al., 2003; Bakker and Demerouti, 2007; Demerouti et al., 2001; Hakanen, 2008), as the latter are perhaps able to identify avenues that are worth pursuing. Similarly, this type of research, if initiated by a hospital itself, might include more individuals because of its ability to source the sample from the population because of the interest and pressure from the stakeholders of the hospital, rather than being a stand-alone external researcher with fewer of even no ties with the hospital.

Table 3-2: Sample characteristics of participants in the qualitative study

Participant No.	Gender	Married	Nationality	Residence Status	Interview Duration (Minutes)
1	Female	Yes	Romanian	E	31:22
2	Female	No	Romanian	E	45:05
3	Male	No	Filipino	E	33:00
4	Female	Yes	Filipino	E	22:50
5	Male	No	Filipino	E	16:54
6	Male	No	Filipino	E	55:00
7	Male	No	Filipino	E	34:00
8	Female	No	Filipino	E	45:00
9	Male	No	Kuwaiti	L	23:30
10	Female	No	Kuwaiti	L	28:00
11	Female	Yes	Kuwaiti	L	40:00
12	Female	No	Kuwaiti	L	55:00
13	Female	Yes	Kuwaiti	L	25:00
14	Female	No	Saudi	E	35:00
15	Female	Yes	Bangladeshi	E	33:00
16	Female	Yes	Kuwaiti	L	20:30
17	Female	Yes	Syrian	E	19:45
18	Male	Yes	Indian	E	34:00
19	Female	Yes	Egyptian	E	30:00
20	Female	Yes	Indian	E	40:45
21	Female	Yes	Filipino	E	30:00
22	Female	Yes	Indian	E	32:00
23	Female	Yes	Indian	E	18:00
24	Female	No	Indian	E	16:00
25	Male	No	Indonesian	E	25:00

L = Locals, E = Expatriates

It is understood that, in qualitative research, the cut-off point is always inevitably arbitrary, and focusing on the richness of the data and the interaction between the researcher and respondent is vital for producing rich insights rather than the quantity of the data sources (Mason, 2013). Therefore, to ensure that the findings reflect the reality faced by the participants, the researcher worked towards finding an acceptable point of saturation and feasibility (i.e. n = 25), where the quality of the responses was given priority over their quantity. Even though it could be argued that there was a possibility of new data emerging, it was felt by the researcher that these new data would be less important that those data which had already been collected. Furthermore, in a study of this nature, it is important to limit the

data collection in some respect, because too much data in hand may appear 'unmanageable' to analyse by the researcher, given that there is a limited time frame available for the data collection and analysis.

The fourth and last steps involved cost consideration. Cost influences the decisions of a researcher regarding the size and type of the sample, and also the data-collection methods (Blumberg et al., 2011). In this research, to encourage their participation, the respondents were offered a gift voucher for a free massage at a beauty shop. This gift was carefully chosen and deemed appropriate because nursing is a stressful profession and the respondents were believed to face stress in the workplace on a regular basis. Moreover, the researcher considered it an appropriate gift for respondents engaged in research on work adjustment and JD-R. In addition, costs were incurred due to the need to travel to all five hospitals over a two-month period to collect the responses and sometimes to contact the respondents by phone in advance to ensure their availability (see the data collection details in section 3.5.1).

3.6   Semi-structured Interviews

In this research, 25 semi-structured interviews were administered to obtain the interpretation of the respondents in the form of their thoughts and ideas. This confirmed the significance of an interpretivist and subjectivist epistemological and ontological standpoint. This research was conducted from the perspective that knowledge is contextual and socially constructed, and reality is interpreted subjectively (see Mason, 2013). Therefore, the chosen method of qualitative semi-structured interviews ensured that the relevant contexts are brought into focus so that the situated knowledge can be explored and interpreted (Mason, 2013). It was also assumed, for this research, that the knowledge was constructed through the joint efforts of the participants and the researcher, by deciphering the answers of the participants via their interview responses.

The interviews were conducted over a two-month period and the duration of each interview ranged from 16 to 55 minutes. All of the interviews were conducted face to face at a frequency of one to two per day. All of the interviews were conducted at the hospitals, usually during the nurses' shift, with a few conducted at the end of a shift. As mentioned earlier, the hospital authorities (see section 3.5.1) agreed to the nurses being interviewed and informed consent was sought from all of the respondents prior to the session (see appendix 3). The respondents were encouraged to be honest, reminded of the confidentiality, and

informed that there were no right or wrong answers and that the researcher did not have any predefined expectations of them. While conducting the interviews, although most of the interviewees had sufficient time to understand and answer each question adequately, there were a few respondents who had very limited time available, as they were constantly summoned by their department to undertake various tasks. The respondents who were interviewed after finishing their shift were found to be more relaxed and informative compared to those who were interviewed during their shift.

Each interview contained around 15 to 20 questions, including some follow-up and probing questions, as well as several introductory statements. The questions were prepared for the expatriate and local nurses to compare the predictors that affect their work adjustment and engagement. All of the respondents were informed about the nature of the study and that it was designed to investigate whether the job demands and resources of expatriate nurses differ from to those of local nurses in real terms. The questions were split into four sections.

During each interview session, the researcher noted any changes in tone of voice, signs or expressions of reticence or annoyance within the responses that might symbolise that the topic was becoming too sensitive, and used this as a way to judge when to move away from an issue to avoid alienating a participant. The respondents were assured that they would not be treated in isolation or unethically, nor would they be criticised by their employer for participating in the research. Despite these precautions, certain respondents were found to be reluctant to talk about the duration of their employment with the employer, and work-permit/visa status. This information was thought to be important to the research because, in a country like Kuwait, where a large number of expatriate workers arrive each year, work-permits or work visas that expire quickly might serve as a stressor for many participants. However, the researcher refrained from guiding the participants in their responses or interrupting the flow of dialogue, even when they digressed to allow their narratives to emerge. The researcher used follow-up or probing questions to encourage the participants to elaborate or explain further when the responses were unclear or further details were required.

During the interviews, the objective and purpose of this research, ethical issues, informed consent, the reason why they had been selected as respondents and instructions to ensure fair and unbiased responses were read out to the respondents. During the information stage, they were asked five questions to elicit their personal details (e.g. age, nationality, employment duration, work permit, and visa status), and then asked to talk about their experiences of

working at the hospital as a nurse. Some of the questions were designed to discover how they felt about their job: "Tell me about your lifestyle as an expatriate in Kuwait. Tell me about your family situation. Tell me about your life as a nurse at this hospital. What do you like and dislike most about your job? How is your relationship with your supervisor and colleagues?" Other questions were designed to find out about their job demands, resources, and work adjustment situation: "What are the most demanding aspects of your job? What are the motivating and hygiene factors of your job? Give an example of a stressful situation where you felt exhausted or depleted. What part of your personality plays a key role in accepting job challenges? What type of organisational support do you receive that helps you to adjust to your job demands? Do you think that your job demands differ from those of other nurses in this hospital? Do your job demands affect your behaviour and well-being? How do you motivate yourself to remain happy and satisfied with your job? How do you deal with stressful times?"

Throughout the interview session, the researcher used probing or follow-up questions containing the words 'why', 'what' and 'how'; for example: "Why do you think that? Why is that important to you? How does that relate to your situation? What do you think about that?" These questions were intended to encourage the participants to clarify their answers further and so make it possible to develop a better understanding of their situation. These additional questions helped the researcher to resolve any communication gaps (Beatty, 1996).

3.6.1 Analysis

In relation to the research questions outlined previously (see section 1.3.2), this research adopted theoretical thematic analysis for the data analysis by following the guidelines provided by Braun and Clarke (2006). Prominent researchers were found to prefer to use this analytical approach to investigate work adjustments among nurses and also to apply the JD-R model (Vaismoradi et al., 2013; Laschinger et al., 2012; Garrosa, et al., 2011; Ballinger et al., 2004, DeSantis and Ugarriza, 2000). This method was flexible and appropriate for identifying, analysing and reporting the themes within the data, yet also useful for providing a rich and detailed account.

As recommended by Braun and Clarke (2006), an iterative process during the data collection, transcription (verbatim) and analysis was engaged to increase immersion and promote increased feasibility to deepen and broaden the potential themes. The interviews were

recorded using a digital device (Dictaphone) and then transcribed to conduct the thematic analysis, which allowed the researcher to become more conversant with the data (Riessman, 1993). The entire data set was read a couple of times to search for meaning and patterns, and notes were made after the completion of the data collection and transcription. The retention of the information in its original form was confirmed from the verbal account (Poland, 2002). Semantic level themes (Boyatzis, 1998) were identified using NVivo 11 software, which also helped to identify the codes, categories, and sub-categories. Open, axial and selective coding was used, as recommended by Rattrie (2013), Blumberg et al. (2011) and Miles and Huberman (1994). NVivo 11 was used for the open level coding and a personal system was developed for the axial and selective coding. Since the researcher conducted semi-structured interviews, it was considered inappropriate to quantify the data by counting instances (Kitzinger and Willmott, 2002) so the researcher applied her own prudence in judging the importance of a statement. Following Rattrie's (2013) process, the initial codes were generated representing open coding, where interesting features of the data that might form the basis for repeated themes were extracted in a systematic fashion across the entire data set. Then, the data were collated in accordance with each code. At this point, the coding was data driven to allow any predictive categories to direct or indirect effects leading to the development of burnout and engagement in relation to job demands, resources and work adjustments. After that, axial coding was performed which involved collating the open coded data into potential themes, and all of the data were gathered together as relevant to each potential theme. At this point, a balance between depth and breadth was ensured and the researcher checked whether the relationship between the categories was recognised and held true for newly-collected data (Rattrie, 2013; Blumberg et al., 2011). Similarly, Braun and Clarke's (2006) guideline was followed when reviewing and refining the themes.

All of the collated extracts for each theme were read and checked to see if they appeared to form a coherent pattern. Here, the 'defining and refining' of the themes was conducted (Braun and Clarke, 2006), commonly known as selective coding, which involved identifying the 'essence' of each theme and determining what aspect of data each theme captures. This means that the codes were refined further by going back to the collated data extracts for each theme to ensure that they reflected the data set, and were also exhaustive, mutually exclusive and conceptually congruent (Rattrie, 2013; Merriam, 2009). Finally, the existing literature was consulted and the researcher's knowledge was considered when naming the themes (Merriam, 2009) to determine whether or not they fell into one of the pre-existing JD-R

categories or represented a new category. Thus, it was ensured that the analysis (see Chapter 4) provides a concise, coherent, logical, non-repetitive and interesting account of the situation that the data tell, within and across the themes (Braun and Clarke, 2006).

3.7   Study 2 : Quantitative Study

The study employed a quantitative approach to test hypotheses related to the JD-R model (see section 3.7.1 and section 1.2) to find out if the job demands and job resources of expatriate workers differ from those of the locals and what impact this has on their work adjustment and identify the mediation model that burnout and engagement mediate between job demands and resources. The use of a mixed method approach, as discussed in section 3.2, allows the result of both methods to be interpreted together to provide a more holistic understanding of the research questions that may reveal how these two types of data are interrelated (Saunders et al. 2016). The qualitative phase allows exploration, to discover more about the context. It is possible this may have revealed something unforeseen that may have made the quantitative stage redundant or changed its focus altogether. But instead the exploration confirmed that the quantitative stage remained relevant and useful.

In order to ensure the quality of the results, reliability and validity are considered through the use of the quantitative approach. For this study, different scales are used to measure theoretically different constructs. Following Blumberg et al.'s (2011) guide, discriminant validity was used to test the validity and accuracy of the model measurements. Mitchell (1996) outlines three types of methods for assessing reliability. In this study, the reliability was assessed by adopting the internal consistency approach, which was assessed using the Cronbach alpha.

3.7.1   Hypotheses:

Based on the literature review (Chapter 2), following hypotheses are derived:

H1: The perception of job demands and resources differs for Kuwaiti and expatriate nurses.

H1a: Job hindrance demands differ for Kuwaiti and expatriate nurses

H1b: Job challenge demands differ for Kuwaiti and expatiate nurses

H1c: Job resources differ for Kuwaiti and expatriate nurses

H1d: Personal resources differ for Kuwaiti and expatriate nurses

H2: Job demands are associated with burnout.

H2a: Job hindrance demands are positively correlated with burnout.

H2b: Job challenge demands are negatively correlated with burnout.

H3: Job resources are associated with engagement.

H3a: Job resources are positively correlated with engagement.

H3b: Job resources are positively correlated with work adjustment

H4: The perception of JDR is associated with work adjustment.

H4a: Job hindrance demands are negatively correlated with work adjustment.

H4b: Job challenge demands are positively correlated with work adjustment.

H4c: Job resources are positively correlated with work adjustment.

H4d: Personal resources are positively correlated with work adjustment.

H5: Work-related outcomes are associated with work adjustment.

H5a: Work engagement is positively associated with work adjustment.

H5b: Burnout is negatively associated with work adjustment.

H6: Work adjustment is mediated by burnout and engagement.

H6a: Burnout mediated the relationship between job hindrance demands and work adjustment.

H6b: Burnout mediated the relationship between job challenge demands and work adjustment.

H6c: Engagement mediates the relationship between job resources and work adjustment.

H6d: Engagement mediates the relationship between personal resources and work adjustment.

3.7.2 Sample and Data Collection

The study population of the research consisted of a probability-stratified sampling. A cross sectional questionnaire was conducted. A paper-based questionnaire was distributed to local and expatriates to collect the data from registered nurses in five public hospitals in Kuwait. As recommended by Kittler (2008), a bilingual questionnaire was distributed, in English and Arabic to reduce ambiguity and misunderstandings as a result of questions being asked in a non-native language (see for pilot study 3.7.3). Nurses working full time on hospital wards were requested to participate in this study. Questionnaires were distributed to all nurses working on the morning, evening and night shifts. The participants functioned in different medical areas (medical ward, surgical ward, intensive care unit, maternity ward, and other departments).

The researcher distributed the questionnaires in person to nurses working at each hospital during the working day. Three working days were allowed for the nurses to complete the questionnaire. In addition, a copy of the questionnaire was left for those who were not on the day shift. Also, the participants were asked to place the questionnaires in a special box provided for this purpose to collect the data, and follow up was also undertaken by the researcher to collect the questionnaires to ensure a high return rate. Data were collected during June and July 2017 using questionnaires in English and Arabic with a covering letter outlining the purpose of the study and underlining the confidentiality and anonymity to reduce any assessment anxiety (see Podsakoff et al., 2003).

The questionnaire contained two sections:

1. Section One: it contained general and demographic information. Demographic items captured gender, age, nationality, country of birth, native language, education, marital status, ethnicity, religion, working hours per week, working time (morning time, day time, and night time), length of stay in Kuwait, length of employment in years, and length of employment in Kuwait.
2. Section Two: it contained items associated with job demands, job resources, personal resources, engagement, burnout and work adjustment (for detail see Appendix 3).

3.7.3 Pilot Study

According to Saunders, Lewis and Thornhill (2016), the purpose of conducting a pilot test before starting the actual questionnaire is to refine the questionnaire so that the participants will not face difficulties in answering the questions. In addition, it will help and enable the researcher to assess the questions' validity and the reliability of the data that will be collected. This can be achieved in different ways: first, by asking a group of experts to comment on the representativeness and suitability of the questions of the questionnaire; and, second, by asking the experts to make suggestions about the structure of the questionnaire (Saunders et al., 2016). Firstly, through reviewing the literature, the instrument for the survey of the present study was developed. The variables were defined by looking at the relevant studies that used these measures. Secondly, I asked my supervisors and colleagues for their input on the questions and conducted pilot tests.

A pilot test was undertaken to assess the nurses' ability to understand the language, assess whether the procedure of the research was representative and practical, and be sure about the testing of the reliability and content validity of the tool before starting the actual study. Since the language used in the health care sector in Kuwait is English, which is the second language in the country, the survey questionnaire was distributed in English. The questionnaire was distributed to 50 nurses; this number was sufficient to include any major variation. According to Fink (2013), for student questionnaires, the minimum number is 10 participants for a pilot test. Twenty-five nurses were local and 25 were expatriates from internal medical and surgical wards of one general hospital in Kuwait. Both wards of this hospital were later exempted from the actual study. In addition, the nurses were asked to provide any additional information and any other nursing or non-nursing tasks performed were not included in the questionnaire. Also, the nurses were asked to identify and discard all difficult, unclear or ambiguous questions. On the other hand, the time taken to complete the questionnaire was recorded to decide whether it was a reasonable length.

There was a main consideration with the questionnaire, which was translated into the national language, Arabic, for people who found it difficult to understand the terminology used in the study. Although the language used in the hospital is English, the Arab nurses suggested that it would be better for the survey to be in Arabic to reduce ambiguity or misunderstanding, so the researcher considered it important not to take it for granted that the Arab respondents would be able to understand the whole questionnaire in English. The back-translation

technique was used. The researcher asked three bilinguals to translate the survey questions from the original into the target language, and then she asked another two bilinguals to translate them back from the target language to the original.

Nonetheless, it also raised a question about the validity and consistency of both the English and Arabic versions of the questionnaire. In order to increase the reliability of both languages, the questionnaire was first given for review to three colleagues at the University of Kuwait and then discussed with two nurses who were fluent in both languages to check their understanding of the questionnaire.

Moreover, to ensure that the Arabic version of the questionnaire was measuring exactly the same contents as the English version, it was pilot tested and a new process was undertaken with the help of a group of expert academics and colleagues who were able to compare both the Arabic and English versions and provide feedback on the generality of the instruments and appropriateness of the questions on the questionnaire. Once this step in the procedure had been completed, some revisions were made to the questionnaire to strengthen the precision of certain words. Then, the final draft of the Arabic version was amended accordingly. Two weeks later, the questionnaire was re-tested with a new group of participants. All of the participants were given a short summary about the study background and the researcher asked them to provide any input on the nature of the questions, any recommendations or suggestions regarding the layout and content of the questions, and any guidance. The feedback from the participants was considered important and some adjustments to the layout were made, based on their suggestions. Although the respondents were willing to give their feedback and input, it turned out that the pilot testing was very costly since it was necessary to repeat the administration of the questionnaires. This is particularly important because pilot studies can be "time-consuming, frustrating, and fraught with unanticipated problems, but it is better to deal with them before investing a great deal of time, money, and effort in the full study" (Mason and Zuercher, 1995).

3.7.4 Measures

The measures adopted by the study have been sufficiently tested with respect to their reliability in previous studies. This study used the value of Cronbach Alpha to check the reliability of instrument of this study, these values are provided in Table 5-26. The

questionnaires first collected demographic data in section 1. In section 2-5, all of the items and scoring are placed on the questionnaires exactly as is in the original version.

Control variables: Single direct questions to the participants captured general and demographic variables: gender, age, nationality, country of birth, native language, education, marital status, ethnicity, religion, working hours per week, working time (morning time, day time, night time), length of stay in Kuwait, length of employment in years, and length of employment in Kuwait. For the expatriates, studies have found that age can be seen as a prominent control variable (Gupta et al., 1999; Selmer, 2001). Older expatriates are supposed to have more experience regarding intercultural cooperation. Thus, older expatriates have the ability to respond quickly and adapt to the challenges associated with adjusting to a new situation in a new position than new expatriates. Age is measured in years.

The length of stay in the host country of the expatriates is argued to be related to their work adjustment. The longer the expatriates spent in the host country, the greater their adaptability and adjustable to the situation. In the studies on adjustment, the length of stay in the host country (duration) was measured in years (Black and Gregersen, 1991; Florkowski and Fogel, 1999; Mohr and Klein, 2004). Moreover, marital status, spouse and the presence of children were considered, as these could affect an individual's exhaustion.

Independent variables: Multi-item scales were established to measure the independent variables - Job Characteristics, which included:

*Job challenge demands***:** Concerning the job challenge demands, workload was assessed in the questionnaire using nine items from the Job Content Questionnaire (Karasek et al., 1998). The items on the questionnaires can be found under the description "the following questions deal with your workload". Responses were made on a 4-point likert scale ranging from 'Strongly Agree' to 'Strongly Disagree'. An example item is 'I am not asked to do an excessive amount of work'. As shown in Table 5-25, the Cronbach's alpha value was = 0.916. Previous studies have confirmed the reliability and validity of the Job Content Questionnaire. Karasek et al (1998) report a high rate of validity for the Job Content Questionnaire in predicting stress-related disease and occupational illness, across a large set of methodologies. For more details, please see Karasek et al (1998).

Job hindrance demands: With respect to the job hindrance demands, Emotional load and Changes in tasks were measured by the Sub-scale of the VBBA questionnaire (van

Veldhoven et al., 2002). For Emotional load, 7-items can be found on the questionnaire under the description, "the following questions deal with the amount of emotional load in your work". Responses were made on a 4-point Likert scale, ranging from 'Always' to 'Never'. An example item is "Does your work put you in emotionally upsetting situation?" According to Table 5-25, the Cronbach alpha value was = 0.810.

Meanwhile, for Changes in Tasks, 5-items can be found on the questionnaire under the description "the following questions deal with the change in tasks". Responses were made on a 4-point Likert scale, ranging from 'Always' to 'Never'. An example item is "Do you find it difficult to adapt to change in your tasks?" The Cronbach alpha value was = 0.893 (see Table 5-26).

Job resources: Concerning Job resources, Autonomy and Relationships with colleagues were measured by the Sub-scale of the VBBA questionnaire (van Veldhoven et al., 2002). To measure Autonomy, 11 items were drawn from the 'Independence in your work', which can be found on the questionnaires under the description "the following questions deal with the amount of independence in your work". An example item from the questionnaire is 'Do you have an influence in the planning of your work activities?' Responses were made on a 4-point Likert scale, ranging from 'Always' to 'Never'. The Cronbach alpha value was = 0.82 (see Table 5-26).

Relationships with colleagues were measured by 9 item questions that can be found on the questionnaire under the description "the following statements deal with your relationship with your colleagues". Responses were made on a 4-point Likert scale, ranging from 'Always' to 'Never'. An example item is "Do you get on well with your colleagues?" The Cronbach's alpha= 0.898 (see Table 5-26).

Supervisor support: was measured using the five-item scale from the Job Content Questionnaire (Karasek et al., 1998). The items can be found on the questionnaires under the description "the following statements deal with your relationship with your supervisor". An example item is "My supervisor is successful in getting people to work together". Responses were made on a 4-point Likert scale ranging from 'Strongly Agree' to 'Strongly Disagree'. The Cronbach's alpha = 0.884 (see Table 5-26).

Personal resources: Finally, with respect to personal resources, the cognitive flexibility scale on the questionnaire was based on Martin and Rubin (1995). The 12 items can be found on

the questionnaires under the description "beliefs about your own behaviour". Responses were made on a 6-point Likert scale from 'Strongly Agree' to 'Strongly Disagree'. An example item is 'I am willing to work at creative solutions to problems'. The Cronbach's alpha = 0.894 (see Table 5-26).

Dependent variables:

Work adjustment: three items related to work adjustment were taken from the adjustment scale (Black and Stephens 1989) used in most expatriate research (Bhaskar-Shrinivas et al. 2005). Despite the fact that this scale is used widely, it has been criticized for being simply a statistic construct with elements that are discrete, although the measures have been validated (cf. Bhaskar-Shrinivas et al., 2005; Hechanova et al., 2003; Shaffer, Harrison and Gilley, 1999). Expatriates were asked how adjusted they felt to "specific job responsibilities", "performance standards and expectations" and "supervisory responsibilities". All of the items were measured on a 7-point scale ranging from "Very unadjusted" to "Completely adjust". The Cronbach's alpha was 0.915 (see Table 5-26).

Mediation variables: Multi-item scales were established to measure the mediation variables - Burnout and engagement:

Burnout: This was measured using 8 items from the Oldenburg Burnout Inventory (Demerouti et al., 2001; Demerouti et al., 2010; Halbesleben and Demerouti, 2005). An example item is "There are days when I feel tired before I arrive at work". Responses were made on a 4-point Likert scale ranging from 'Strongly Disagree' to 'Strongly Agree'. The Cronbach's alpha = 0.892 (see Table 5-26).

Engagement: The short version of the Utrecht Work Engagement Scale (UWES) was used to measure individuals' levels of work engagement (Schaufeli and Bakker, 2003). Nine items related to engagement can be found on the questionnaires under the description "how you feel at work". An example item is "at my job, I feel strong and vigorous". Responses were made on a 7-point Likert scale ranging from "never" to "always". The Cronbach's alpha was 0.937. In the study of Schaufeli and Bakker (2003), when testing the reliability and validity of the scale, they report excellent validity between job characteristics and burnout, with Cronbach alpha values between .80 and .90 (see Table 5-26).

3.7.5 Data Analysis

The final approach of the data analysis was discussed with the Statistical Consultation Services at the University of Stirling and finalized afterwards. To test the hypotheses, SPSS version 23 for Mac was used. First, data were prepared for inferential, statistical and descriptive analysis. Secondly, to assess the hypotheses, independent sample t-tests were conducted as well as a Pearson correlation analysis, followed by linear regression analysis and Hierarchical Linear Regression Analysis. After this, following Baron and Kenny (1986), mediation analysis was conducted. Then, an evaluation of the measurement model's reliability and validity was conducted, followed by a structural equation model (SEM) analysis to evaluate the theoretical model. The SEM analysis approach was adopted through the use of the Partial Least Squares (PLS) method to identify the direct and indirect relationships for path modeling with the latent variables (Garthwaite, 1994; Tenenhaus et al., 2005). All of the data were analysed using SmartPLS software version (3.2.7).

Chapter 4

4.1   Study 1 : Qualitative Study

This chapter presents and discusses the findings of the qualitative study in response to the research aim and objectives (section 1.3 and section 1.3.1). Using the parameters of the JD-R model, this section provides an overview of the key themes that emerged from the interviews followed by a discussion on these themes to investigate work adjustment among expatriate and local nurses in Kuwait. Last section (4.8) of this chapter provides an overview of the key findings.

4.2   Predictors of work adjustment for expatriate and local nurses

As discussed in chapter 2 (section 2.3) JD-R theory defined job demands as those aspects of work that require effort and are therefore associated with physical and psychological costs (Bakker and Demerouti, 2017; Bakker and Sanz-Vergel, 2013). Job resources, on the other hand, are those aspects of work that are instrumental in achieving work goals (Hakanen et al., 2006; Schaufeli and Bakker, 2004). In order to perform a detailed qualitative analysis, the demands side has been further broken down into job challenge demands and job hindrance demands. Job challenge demands are defined as demands that cost effort but potentially promote employees' personal growth and achievement (LePine et al., 2005). By contrast, job hindrance demands are defined as job demands or work circumstances that involve excessive or undesirable constraints that interfere with or inhibit an individual's ability to achieve valued goals (Searle and Auton, 2015; Webster et al., 2011). Table 4.1 provides the overview of key themes identified from the interviews.

Table 4-1: Overview of key themes

Key themes from the interview	Category
- High workload volumes - The pressure of insufficient time - Cultural demands	Job Challenge Demands
- Role conflict - Emotional demands	Job Hindrance Demands
- Cognitive flexibility	Personal Resources
- Autonomy - Relationships with colleagues & supervisors - Rewards for satisfaction	Job Resources

4.3 Job Challenge Demands

Table 4.1 shows the key themes identified from the interviews conducted with the respondent nurses. Three semantic themes were identified related to job challenge demands; these are explained below:

4.3.1 High Workload Volume

This theme is aligned with the following question: "What is the most demanding aspect of your job?" During their interviews, most of the respondents reported high workload levels in their hospital. Several participants reported that they were facing a high workload level due to the insufficient staff numbers at their hospital. According to the participants: Participants 2 and 22 stated:

> *"In the hospital, life is very challenging and stressful...but the workload is insane compared to the time given to us every day."* **(Participants 2)**
>
> *"We spend most of our time on our feet, walking around the wards, and at the end of the day, we have problems with our backs and joints."* **(Participants 22)**

Other respondents stated:

> *"A shortage of staff forces me to accept the workload that is put on me. Hence, stress develops gradually which makes me impatient and intolerant."* **(Participant 10)**
>
> *"The workload is very exhausting and this reduces my energy so that I can't engage in activities with my kids later on."* **(Participant 12)**
>
> *"The full consumption of energy at work makes me feel dead"* **(Participant 20)**
>
> *"I am always left with no energy by the end of work hours as I fully consume my physical and psychological strength."* **(Participant 1)**
>
> *"...stressful jobs and workload, especially when there is shortage of nurses and demands for extra duties."* **(Participant 5**)

These responses show that the nurses were subjected to high workload levels and work pressures due to the insufficient employee numbers. These findings are in line with the previous studies in nursing (see Moloney et al. 2017). As mentioned by Shaffer et al. (2012), high workloads lead to health impairments among the employees; this is because the latter are subjected to the intense physical and mental pressures required to provide patients with a

satisfactory level of service. The job of a nurse involves dealing with strenuous situations and fulfilling the patients' care needs. Thus, high workloads place nurses under physical stress, as they are required to provide care to a large number of patients at the same time. Moreover, nurses are expected to care for their patients in an efficient and timely manner in all situations, despite being under pressure. Thus, the respondents mentioned that they felt exhausted with workloads that sometimes took a toll on their health.

These high workload volumes were also found to be a negative aspect for the nurses as they led to the stagnation of creative ideas and thoughts in terms of providing improved care to their patients. Participants explained:

> *"Being low in energy will decrease my ability to achieve throughout the day as my job not only requires mental work but also physical and psychological work."* **(Participant 2)**

> *"Sometimes physical consumption might lead to gradual energy loss and emotional weakness, which leaves me with no choice but to cancel my other daily plans."* **(Participant 6)**

This finding is similar to those of Barnes and Van (2009), who found that the physical and emotional fatigue resulting from high job-demand workplaces differentially influenced employee self-efficacy and thought processes. Moreover, high workloads also have the negative effect of depriving nurses of the opportunity or desire to adopt risk-taking attitudes. This ends up hampering the care of those critically ill patients who need support in an emergency, as the high workloads deprive nurses of the necessary physical strength.

Further, the nurses are exhausted and lack the enthusiasm and zeal to do their work:

> *"Overtime and extra shifts eventually lead to gradual stress development, which is then reflected in my personal life out of work."* **(Participant 3)**

After analysing all of the interviews, the reason for these high workloads was found to be insufficient worker numbers. This highlights the fact that the nurses' salary structure may be inadequate, but it might also be possible that nurses may require monetary benefits that are higher than those presently available in state hospitals. Participant 3 commented:

"I think we're paid not a terrible amount of money but, compared to some private clinics, it might be less, especially given the amount of work that we get through."

Furthermore, it can be said that, due to these high workloads, many people would avoid working as a nurse, as it creates a lot of stress in their life:

"Working in hospital is more stressful than clinics or any other work in terms of high demands and workloads. Your shifts are totally dependent on your coworkers and sometimes your patients. Sometimes, due to being too busy with your work, you will miss the lunch breaks." **(Participant 23)**

"Being stressed out constantly makes me tired…which exhausts my head and body. This does not create any more motivation for me personally…it puts me down and makes me want to quit." **(Participant 4)**

4.3.2   The Pressure of Insufficient Time

Many of the respondents reported the insufficient time and high pressures present in their job scenarios while working as nurses. This was evident from the answers given to the question: "Tell me about your life as a nurse in this hospital?" Most of the answers given by the nurses pointed to their stressful professional lives, which also caused them to focus less on their families. As mentioned by **participant 12**, who had been working for four years at a hospital:

"I wish I could give my kids as much time as possible but, due to my work and the stressful times, I can barely spend time with them, as they always stay at my parents' house in my absence."

This finding is similar to that of Rattrie and Kittler (2014) and Kittler (2011) in several other international work-settings; there, due to insufficient staff numbers, people were under pressure in terms of insufficient time in the workplace, which hampered both their work and family lives. A similar theme occurred in the comment of **participant 13**, who has four children:

"Sometimes, I'm forced to stay to work extra hours, which prevents me from giving much time to my house and kids".

This clearly shows that the respondent nurses in this study were unable to provide enough care and set aside sufficient time for their families or children. Moreover, the pressure of insufficient time also deprived the nurses of the opportunity of socialising as they hardly had any personal time during or after their hospital hours:

> *"Most of the time, I leave work with a busy mind and low energy, which is very challenging for me as I would love to do other things during my day, but cannot."* **(Participant 14)**

> *"There was a definite workload and sudden shifts that would extend until late."* **(Participant 17)**

Interestingly, the very high work pressure and stress to which the nurses were subjected, according to the analysis, may also indicate a high prevalence of medical care need by the citizens of the country. For example, **participant 22** commented:

> *"I dislike when there is short staffing…not enough time even to have a short break…can't complete the same duties when instead of five nurses we have two. I can't be in every single room at the same time but it's expected of us. We rush around trying to get everything done and keep every patient safe."*

This is in direct agreement with the findings of Al-Kandari and Lew (2005). Their study showed that the shortage of nurses in Kuwait was due to the low number of indigenous nurses, resignations, and the expansion of health care facilities. Voluntary turnover rates were also found to be high among staff nurses working in Kuwaiti hospitals, which is not only a major problem but also a costly one, and is presumed to impact on the quality of the nursing care delivered. This phenomenon could be ascribed to failures in the recruitment process and suggest that the feelings of those nurses who had resigned should be explored (Alotaibi, 2008). Confirming these findings, the responses provided by the expatriate nurses participating in this study established the fact that, at present, few local Kuwaitis are interested in embarking on a nursing career, so the pressure is building on the expatriate nurses. Therefore, newly hired expatriate nurses in Kuwait may not always be sufficiently efficient to tackle risky situations compared to those nurses who have been in the profession for many years.

4.3.3   Cultural Demands

4.3.3.1   Cultural Relativism and Acculturation

The interview results show that nearly half of the respondents provided their views of the cultural demands they faced while performing their jobs as nurses. This theme is related to the questions: "How you feel about your job?" and "Tell me about your experience of working as an expatriate in Kuwait?" Nursing in Kuwait and its neighbouring countries is a complex issue in which cultural diversity presents a major challenge to the evolution of the nursing profession as an independent indigenous workforce (Felemban et al., 2014). As in other Arab and Gulf countries, in Kuwait, as a result of the diverse nursing workforce, patients and nurses historically come from different cultural, ethnic and linguistic backgrounds, resulting in culture-based conflicts. In regard to cultural differences, many of the respondents mentioned initial misunderstandings and conflicts with patients due to a lack of communication skills pertaining to how to interact with the latter in a culturally appropriate manner. As **participant 18** stated that:

> *"There is a big cultural difference which was very hard to adapt and adjust to at the beginning."*

Another expatriate commented:

> *"It is very different to back home and I was aware of that. Kuwait is beautiful and easy to adapt to but sometimes, in many cases, I feel the difference in the customs and traditions. There is a big cultural difference between the two countries."* **(Participant 1)**

Interestingly, research carried out on 5,876 nurses (88% of whom were non-Kuwaiti) showed that, although rare, a few occurrences of violence against expatriate nurses had been reported in hospitals in Kuwait (Adib et al., 2002). The evidence further shows that the older generation of Kuwaiti people had sometimes become frustrated and had directed angry verbal outbursts towards expatriate nurses due to miscommunication and misunderstandings arising from language barriers and non-conformity with the patients' demands. According to the respondents, high cultural demands are to be found in Kuwaiti hospitals. This was made evident from the interviews conducted with nurses of Indian and Bangladeshi origin, who felt the burden of cultural differences during their first years:

"....being in a totally different environment than back home. I just find it difficult to adjust to the cultural differences, as any foreigner would...I dislike the difficulty of understanding some patients and hospital staff, especially the local ones. Communication for me is a two-sided weapon; it may be beneficial as it helps to know more about people and it may be hard as it makes it complicated for me to explain myself." **(Participant 15)**

Similarly, an Indian nurse commented:

"There are many different habits and traditions. So, changing from what I am used to living to a whole new life was and still is very hard." **(Participant 20)**

Another responded:

"I just find the cultural and background differences very annoying and they cause misunderstandings all the time." **(Participant 7)**

In the interview, **participant 4** said:

"I can say that the only thing that always bugs me is the cultural difference, and that is human nature. People hardly ever adapt quickly to a very new environment with other languages and religions."

This highlights the strong cultural differences that are found in their work environments by people whose origins lie outside Kuwait. Moreover, it also conveys the fact that Kuwaitis are culturally strict and demand the exclusive maintenance of their culture within their country, whether at work or in social settings. This was made evident by **participant 13**, a Kuwaiti nurse, who said:

"My supervisor is more drawn to the expatriate side rather than locals and my local colleagues do not have much of a problem with it."

This proves that cultural demands exist within Kuwait and hospital managers try to protect expatriate nurses from potential harm by locals. Furthermore, it was found that the Kuwaiti people are unaffected by this preference, as expatriate nurses are reported not to cause any form of hindrance at work, even when faced with cultural demands.

Cultural differences among people can only be resolved through time, appropriate education, and training (Nolan and Morley, 2014). Although, from the responses, it may initially appear that the Kuwaiti people do not easily harmonise themselves culturally with foreigners at work, by probing further, evidence emerges of the Kuwaiti people's support and cooperation, and of the adoption of Kuwaiti norms by the expatriate nurses:

> *"My supervisor is good and we have a nice relationship."* (**Participant 17**)

Despite any initial differences, it later emerged that the expatriate nurses gradually have a better experience at work once the Kuwaiti people get to know and understand them:

> *"I like that I am very appreciated by my supervisors and other staff members as an expatriate, whom they find to be better and more knowledgeable compared to locals."* (**Participant 2**)

> *"I like that I am very loved and appreciated as a non-local. I noticed that they treat expatriates differently as they think we are far more qualified and experienced than locals. I dislike that I can hardly communicate with the locals."* (**Participant 8**)

Thus, it can be interpreted that the people of Kuwait need time to learn about other cultures in order to accept expatriates fully, and expatriate nurses should also take the time to understand the cultural demands associated with blending in with the locals.

4.4 Job Hindrance Demands

Table 4.1 shows the theme of 'role conflict' and 'emotional demands' identified under the job hindrance demands category.

4.4.1 Role Conflict

The role of each nurse has its own characteristics. Expectations for one nurse's role can conflict with the demands associated with other roles. Therefore, when the expectations related to one role create conflict with another, role conflict occurs (Schulz, 2013). Research suggests that role conflict has numerous personal and organisational effects. When the roles expected of a person are incompatible, he/she will experience tension, frustration, withdrawal from the group, dissatisfaction, and less productive performance than if the expectations

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imposed on him/her lack conflict (Brinkert, 2010; Brooks et al., 2007). Previously, Rizzo et al. (1970) found that role conflict exists when an individual has two or more role requirements that work against each other. When the respondents of this study were asked about their nursing roles and responsibilities, and their likes and dislikes about their work, several indicators of role conflict emerged from their answers, which are similar to this empirical evidence. It was found that nurses face confusing and alienating situations on numerous occasions because of differences in the opinions and orders of the senior medical staff:

> *"All members of the medical staff suggest different opinions and orders which make us wonder who to follow and for what reason."* **(Participant 2)**

> *"We get confused over some actions as we are not supposed to treat the patient until we get orders from the doctor."* **(Participant 15)**

> *"Following what the doctors and the higher powered positions order us is a must, which sometimes lead to a conflict in opinions and thoughts, resulting in confusion and a lack of confidence."* **(Participant 23)**

Role conflict is also found to result in depersonalisation and demotivation among the participant nurses:

> *"Trying to explain the role of a nurse in just a few words can be quite a challenging task. Nurses have a very complex job that requires handling several responsibilities at the same time. We balance a multitude of tasks for many patients at once; going from managing care with the medical groups and associated health."* **(Participant 25)**

However, they feel less confident and less important when, on various occasions, they find that they have less or no option to share their opinion on the medication, diagnosis or treatment of patients:

> *"We cannot prescribe medication or suggest any type of analysis unless instructed by the doctors. This makes us depressed and we feel less important and demotivated."* **(Participant 11)**

"We have a vast amount of information but with someone directing us to take actions different from what we think are crucial. This creates confusion among us and we feel less confident." **(Participant 22)**

These outcomes are in line with other JD-R research on nursing, where role conflict has similarly been found to be associated with burnout. Tunc and Kutanis (2009), in their study on Turkish nurses, pointed out that role conflict increased emotional exhaustion, depersonalisation and low personal accomplishment. Piko's (2006) study found that role conflict is a factor that contributes positively to emotional exhaustion and demotivation among Hungarian nurses. Nurses are perceived as passive, with no decision-making power or intellect (Al-Jarallah et al., 2009).

4.4.2   Emotional Demands

Emotionally charged interactions at work are an important source of job strain, which is considered a major source of emotional demands (Totterdell and Holman, 2003). Nurses are generally expected to display positive emotions and suppress negative ones during their interactions with patients. However, they cannot experience positive emotions in all situations, specifically when interacting with an unfriendly supervisor or in a high-demand work environment (see Diefendorff and Richard, 2003; Morris and Feldman, 1996).

In this research the respondents were asked questions like, "What kind of emotional demands do you face in your job?" and "How do you deal with stressful times?" Most of the respondents reported finding emotional demands a professional hindrance. Emotional demands were described by the expatriate nurses as follows:

"Sometimes you cannot control yourself because you are burnt out and very tired from the work…Frequently, I encounter high work demands, especially at Christmas time. I can't enjoy this time with my friends in Kuwait. I found this to be a challenge mentally." **(Participant 23)**

"Regardless of how many breaks each nurse takes, stress and underestimation fill the hospital's air." **(Participant 3)**

"Sadly, I am always busy trying to be committed to my work and not to make any mistake of any kind. I am always quite nervous and stressed although work can be fun sometimes." **(Participant 4)**

> *"Sometimes, stressful shifts make me very sensitive and I lose my temper over simple things."* (**Participant 9**)

> *"Frequently, I feel burnout, hence, stress develops gradually, making me impatient and intolerant. High job demands affect me physically and mentally."* (**Participant 22**).

Showing 'emotional confidence 'in the workplace to face emotional demands was also mentioned:

> *"By always being positive and by making multiple relations with the surrounding."* (**Participant 7**)

A number of respondents emphasised their "flexibility", "adjustment", and "communication" capabilities to adjust to the emotional demands, which proves that the nurses have to support themselves emotionally while at work, without any help from the authorities:

> *"I think I am flexible in terms of adapting to the culture and I am very relaxed with others."* (**Participant 8**)

> *"...love to communicate with people, which I find very challenging, as some patients cannot understand me."* (**Participant 1**)

Moreover, there is also evidence of the personal touch among employees, which lightens stressful situations among the expatriate nurses:

> *"I always refer to my friends and colleagues with whom I have a good relationship. I would break the routine, play a game or have a laugh! Then I would put energy into my work and try to achieve more and be more productive."* (**Participant 7**)

> *"I try to communicate with others and have little chats to break the routine."* (**Participant 19**)

Thus, the expatriate nurses rid themselves of their emotional stress by diverting their minds towards other small activities. However, these nurses do not have enough time to find relief from stress in their high pressure work environment, as the respondents reported that they needed to achieve higher levels of productivity because:

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"I keep in mind that this is a very useful time for me to learn and grow, so stress is nothing but a blessing for me." (**Participant 1**)

This is in line with the findings of Lavoie-Tremblay et al. (2014) and McVicar (2003), who found that high pressure work environments, extra workloads, and the emotional demands of caring had been the main sources of distress for nurses for many years. Similarly, Karimi et al. (2014) found emotional demands to have significant effects on the nurses' well-being and perceived job-stress. Thus, expatriate nurses have very little time to dedicate to their own emotional support. However, the physical activities mentioned are performed by the nurses themselves, which are implemented by the hospitals, so it is clear that, although they face emotional stress while at work, the nurses devise various ways to tackle their stress and keep their minds free. Furthermore, the nurses need to remain calm and relaxed while providing care to maximise the benefits of their treatment for patients (Cho et al., 2015); this is because personal perceptions of emotional demands are found to be a risk factor for clinical depression (Vammen et al., 2016). Although the respondents in this study did not directly mention any kind of clinical depression, some mentioned burnout, exhaustion, and depletion, all of which are conditions that may eventually lead to clinical depression:

"Being continuously stressed out leaves me very depleted and low in energy which exhausts my mind and body." (**Participant 15**)

The incidence of these emotional demands shows how expatriate nurses are not given sufficient organisational facilities. Thus, the nurses feel emotionally deprived, which hampers their mental state.

4.5 Personal Resources

'Cognitive flexibility' was one theme that was found to be related to personal resources (see Table 4.1). Cognitive flexibility refers to a person's ability to transition from thinking about one thing to thinking about another (Scott, 1962). The quicker a person is able to switch or shift his/her thinking from one dimension to another, the greater the person's level of cognitive flexibility (Kirkham et al., 2003). Cognitive flexibility has been identified as an important personal resource to remain engaged while avoiding burnout; it helps individuals to remain engaged when faced with different situations and to protect themselves against job demands. The answer to the question "How do you motivate yourself to remain happy and

satisfied with your job?" reflected the level of cognitive flexibility which the nurses adopted in order to remain engaged with their job in an emotionally demanding work environment.

4.5.1 Cognitive Flexibility

Martin and Rubin (1995) referred to cognitive flexibility as a person's: (i) awareness that, in any given situation, there are rational choices and alternatives available; (ii) willingness to be flexible and adaptive to a situation, which is sometimes termed 'adaption to novel stimuli' (Raao, 2016); and (iii) a sense of self-efficacy in being flexible in accomplishing a task in specific situations (Bandura, 1982). The empirical evidence suggests that a person with high cognitive flexibility, either cultivated or innate, can understand and master different situations, persevere, and do the right thing when needed (Earley and Mosakowski, 2004).

In order to cater for the varying degrees of cognitive flexibility found among the respondents, two related topics were investigated during the interview process: (a) the lifestyle of the nurses in Kuwait; and (b) the feeling of the nurses about their jobs in Kuwait. Almost all of the respondents were reactive in explaining their situations. For example, varying degrees of cognitive flexibility were found between the Kuwaiti and expatriate nurses:

> *"I try my best in busy environments to keep myself cool, keep everything organised. I'm a flexible person at work and always positive."* (**Participant 25**)

> "I keep reminding myself that all good things would pay off and if the supervisors do not appreciate my work, at least I am still capable of learning and developing my skills on my own." (**Participant 9**)

> *"I always refer to my friends and colleagues that I have a good relationship with. I would break the routine, play a game or have a laugh! Then I would put my energy into my work and try to achieve more and be more productive."* (**Participant 7**)

> *"Being nice, open and friendly to discuss and talk."* (**Participant 1**)

> *"I usually get away from work for a very short while, take a deep breath and reset my mind to being enthusiastic and positive."* (**Participant 15**)

This shows that both the native and expatriate participants can adapt to novel scenarios, even though some of the native nurses earlier complained that they were less-valued and less-appreciated than the expat nurses by their supervisors.

As supported by Johnco et al. (2013), the psychological structures found within people from different countries differ from each other. This means that two expatriate nurses from two different countries may both be able to shift their thinking to adapt to their new environment, but one may be able to accomplish this at a faster rate than the other:

> *"There are many different habits and traditions…changing from what I am used to live with to a whole new life was very hard."* **(Participant 20)**

> *"I always keep in mind that stress sometimes helps us to achieve more and be more productive in work besides. And I try my best to multi-task and do multiple things at once to finish my work on time."* **(Participant 11)**

Such varying degrees of cognitive flexibility show the variation in the respondents' ability to transition between multiple thoughts and adaption. Showing cognitive flexibility is immensely important both in terms of understanding and evaluating a situation and of quickly shifting one's attention and thoughts quickly which, according to the transactional theory of stress, is the main psychological mechanism linking stressors to outcomes (Lazarus and Folkman, 1984), so those nurses who possess good levels of cognitive flexibility are expected to possess a higher ability to adapt when faced with novel stimuli. They may also approach cultural differences and work-related stress with greater self-efficacy and flexibility. All of the respondents in this research were aged between 24 and 35. The empirical evidence shows that adults aged 25 and above display the greatest degree of cognitive flexibility, which can be maintained or enhanced for long periods of time (Hauser et al., 2015) so, despite the cultural and workplace challenges, the respondents appeared flexible in adapting to the Kuwaiti culture and lifestyle, to unexpected demands in the workplace, and to sudden changes in work plans:

> *"Once, I was packing my stuff and getting ready to leave…my supervisor hit me with the decision that I had to do a night shift for that day as there was a shortage of staff. I had to cancel all my plans that day as I was obliged to stay…it was not a case of me accepting or not."* **(Participant 3)**

However, the patients and care users within the different care sectors of Kuwait display various psychological traits—their thinking power and patterns are also different. Hence, flexibility is not entirely an option for the nurses in order to cope with the entire situation. The working environment within the care sectors may be characterised by different types of

people. Therefore, among the respondents, it was observed that, while some nurses acted appropriately and effectively in a given situation or among people from unfamiliar cultural backgrounds, others floundered:

> *"As an Arab, I suppose I should not be treated differently but I am considered an expatriate here…I lived in Kuwait for 10 years and did not find it hard to adjust to any cultural differences. It is the locals who make it harder for us."* **(Participant 17)**

> *"Kuwaiti culture is beautiful but, sadly, it differs a lot from mine, which creates some misunderstandings both in and outside work."* **(Participant 2)**

4.6   Job Resources

Autonomy at work, relationships with colleagues and supervisors, and rewards for satisfaction were important job resources that directly improved job engagement and helped the nurses to achieve their work goals. Table 4.1 lists these job resources.

4.6.1   Autonomy

The need to understand autonomy to clarify and develop the nursing profession in the healthcare sector is an important concern for researchers internationally. According to Skår's (2010) study, the nurses' descriptions of their experiences of autonomy in work situations emerged as: (i) to have a holistic view, (ii) to know the patient, (iii) to know that you know, and (iv) to dare. Weiland (2014) similarly identified four themes to define autonomy in nursing: relationships, self-reliance, self-empowerment, and defending. These researchers concluded that authority linked with total patient care, the power to make decisions in their relationships with the patients and their next of kin, and the freedom to make clinical judgements and choices and take actions seemed to be connected to the meaning of autonomy in nursing practice (Weiland, 2014; Skår, 2010). However, autonomy, in relation to the respondents of this study, shows a different situation. The nurses were found not to have any autonomy in their workplace:

> *"I dislike the fact that we are not allowed to treat the patients and take the doctor's role even in their absence."* **(Participant 19)**

> *"We cannot prescribe medications and suggest any type of analysis unless instructed by the doctors."* **(Participant 11)**

Empirical studies suggest that, to be autonomous in their practice, nurses must be competent and have the courage to take charge in those situations in which they are responsible (Skår, 2010). The work routines followed by nurses have also been found to be linked to autonomy when individual actions are in harmony with the cultural patterns upon which the nursing work is based (Rytterström et al., 2010). Considering these findings, further investigation of the interview responses showed that the participating hospitals in Kuwait followed a pragmatic routine to ensure that their daily nursing requirements were met. The nursing supervisors and hospital authorities practiced work routines based more on practical situations—a rational response to addressing the acute shortage of nurses. Therefore, even though the respondent nurses all appeared to be highly skilled and qualified and appreciated by their supervisors for their hard work, they did not have any discretional autonomy at work. Perhaps the only autonomy that these nurses had was in relation to their 'relationship', which is one of the four themes identified by Weiland (2014). It was previously shown that most nurses stated that they had good relationships with their colleagues and supervisors, so their supervisors felt free to assign overtime to the expatriate nurses based on their personal relationships with them:

> *"We all experience a high workload and extra tasks but, for the expatriates, these are higher than those assigned to locals due to being more trustworthy as a result of our experience."* **(Participant 15)**

Furthermore, Lewis (2006) commented that autonomy has two dimensions: a personal or attitudinal dimension and a structural one. The personal or attitudinal dimension can be seen in those statements that identify those nurses who value, want, or embody an attitude of autonomy. The structural dimension, on the other hand, includes the structure of the hospitals, standards of professional nursing practices, and development of knowledge within nursing science. This means that, if a nurse is to practice with autonomy, he or she must be able to carry out autonomous tasks, should have some freedom over decision making, and also have growth opportunities. However, the interview responses collected for this study make it clear that the nurses at the participating Kuwaiti hospitals neither carry out autonomous tasks nor have any decision making authority:

"A nurse once revealed the bitterness of autonomy in describing a situation of a patient that was almost dying in the absence his doctor. He needed help but she was obliged not to take action, which is sad and depressing." **(Participant 20)**

The empirical evidence further shows that the nurses' understanding of autonomy varies based on different circumstances. For example, Thiel and Delden (2001) highlighted 'respect for autonomy' as a core element of good care, one in which autonomy is interpreted as independence and self-determination. They also found that autonomy is interpreted in terms of the moral intuitions of nurses in various settings. Therefore, they concluded that limiting the definition of autonomy to a single meaning is too narrow in the context of nursing, so a multidimensional understanding of autonomy is required (Thiel and Delden, 2001). Weston's (2008) views also agree with this; she considered the term 'autonomy' to be commingled and confusing. According to her, autonomy describes how nurses influence the decisions pertaining to their practices. All of these findings agree on one point, i.e., that autonomy brings about the best nursing practice for the patient. Yet, according to the interview responses gathered for this study, the understanding of and reference to autonomy among the nurses was somewhat insufficient, which altogether limits the interpretation of autonomy in the context of job resources.

4.6.2 Relationships with Colleagues and Supervisors

Relationship making aspects are very important for different job situations within particular workplaces (Clausen and Borg, 2011). Interpersonal relationships among nurses are considered to be highly predictive of nurses' work engagement and commitment (Warshawsky et al., 2012). The study by Brunetto et al. (2016), involving 1,138 nurses, and their 2013 study of 730 North American nurses found that supervisor-nurse relationships affect the latter's perceptions of teamwork, role ambiguity, and wellbeing, and also explained their commitment to their hospital or intention to leave. In this study, the participant nurses were asked to talk about their work experiences at their hospital and their relationships with their supervisors and colleagues. According to the data findings, the participants provided a mixed response, having both good and bad relationships with their colleagues and supervisors. It was found that, initially, almost all of the expatriate nurses had found it difficult to blend in with their native counterparts but the relationship grew gradually over time:

"I did not like how the local nurses treated me at the beginning and found it hard to communicate and be friends with them." **(Participant 17)**

Another participant's comment can be considered as a very strong affirmation to this fact:

"When you work in a challenging environment with somebody and you have the same values, it adds an extra dimension to the friendship. My colleagues are now my best friends." **(Participant 23)**

Supervisor support was evident in increasing self-efficacy through appreciation:

"My supervisor always has trust and faith in me and she thinks that I am very qualified to take on difficult tasks and withstand hard times which is rather overwhelming as work would automatically be thrown in my lap." **(Participant 2)**

"I have a supervisor who distinguishes the different strength of each staff member…always encourages flexibility and appreciates us for our hard work." **(Participant 24)**

Supervisors support was also encouraging communication:

"We have good communication where it is not a problem to share and provide our opinions." **(Participant 22)**

"I like the personal communication with my supervisor." **(Participant 23)**

Supervisors support also fostered trustworthiness and teamwork:

"My supervisor always has trust and faith in me." **(Participant 2)**

"My supervisor is a nice person…never refuses to give a hand to anyone in the hospital when needed." **(Participant 15)**

In line with the findings of Brunetto et al. (2016, 2013), this study found that supervisor-nurse relationships have a positive impact on the nurses' perceptions of teamwork and self-efficacy, and that the expatriate nurses were more satisfied with their supervisors' appreciation and good behaviour.

On the other hand, a number of expatriate participants also described their relationships with the supervisors in a negative way:

> *"I do not like the fact that we are forced to give a lot and supervisors always assume that we are fine with whatever tasks are given to us."* **(Participant 1)**

> *"Supervisors sometimes load us with work to the extent that we have to work late."* **(Participant 3)**

> *"Supervisors always stress us with sudden decisions about doing extra tasks."* **(Participant 4)**

Some also claimed that their supervisors were "harsh" (Participant 7) or "a moody person" (Participant 23). It is observable that these views tend to be related to the extra workload imposed by supervisors rather than their behavioural aspects. Similarly, the native Kuwaiti respondents also provided some negative feedback about their relationship with their supervisors, who tend to fail to appreciate them or disregard them in comparison to the skills and abilities of the expatriate nurses:

> *"I dislike not being appreciated for our abilities. I believe that supervisors strongly prefer working with non-Kuwaiti nurses as they consider them more capable and accomplished."* **(Participant 11)**

> *"He [the supervisor] is very strict yet nice. The only thing that I do not like and mind a lot is not being as appreciated as the expatriate nurses. Locals are very under-rated."* **(Participant 12)**

Furthermore, the respondents were asked about the type of organisational support they received that helped them to cope with their job demands. The responses included: (i) personal growth through training, and (ii) seminars and workshops on how to manage work-related stress and anxiety. It can be observed that, in order to establish good interpersonal relationships with their colleagues, it is important that the thought processes and nature of both parties are matched. Nonetheless, for some participants, the lack of organisational support in addressing the acute shortages of skilled nurses has resulted in dissatisfaction, since they indicatively associate their high workloads with their supervisors' actions. Therefore, even though the nurses have a good relationship with their supervisors, some of

the participants provided their views about the strictness of their supervisors in the context of assigning extra workloads:

> *"My relationships with my colleagues and supervisors are both good…I do not like the fact that we are forced to give a lot and our supervisors always assume that we are fine with whatever task we are given."* **(Participant 1)**

> *"I have a very good relationship with my supervisor. He is very kind and appreciative. I just find him harsh in terms of forcing some of us to cover for the rest of the nurses who are not available at certain times."* **(Participant 7)**

This confirms the findings of other JD-R research (e.g., Ellis and Bach, 2015; Hakanen et al., 2008; Bakker et al., 2003), according to which a lack of organisational support causes employee dissatisfaction and disengagement.

4.6.3 Rewards for Satisfaction

Alongside relationships with colleagues and supervisors, rewards were identified as important job resources that directly improve employee satisfaction. While the participants were asked to identify their most highly motivating factors, most of the expatriate nurses expressed their satisfaction with their salaries and bonuses for extra shifts:

> *"Good monthly payments and not bad cash rewards and bonuses."* **(Participant 2)**

> *"There are motivating payments and cash rewards for the many extra jobs we do. I find the payment to be not bad for me."* **(Participant 18)**

> *"The salary I earn and feeling secure in my job. There are motivating bonuses and materialistic rewards."* **(Participant 25)**

This is interesting because the extant literature on JD-R paints a different picture. The lack of both financial and non-financial incentives has been identified as a key cause of the shortage of healthcare workers in the Gulf region (Hannawi and Salmi, 2014). Al-Enezi et al. (2007), in their research on 500 nurses in Kuwait, concluded that the nurses were found to be dissatisfied with their extrinsic rewards. Similar results were also found in other studies conducted on Arab and Gulf countries; in these studies, the support for the JD-R model and conservation of resources theory for job demands and resources produced psychological

reactions that subsequently affected job performance (see Al-Ahmadi, 2013; Al-Homayan et al., 2013; Amouri and O'Neill, 2012). In these studies, the psychological reaction was one of dissatisfaction due to the inadequate rewards and incentives; this was considered to be an important and reasonable reaction to the stimuli in the work environment.

Among all the respondents, most of the Kuwaiti nurses stated that they were unhappy with their current salaries, despite receiving higher ones than their expat colleagues:

> *"The salary may not be very reasonable for the amount of work we usually do and the stressful hours we go through most of the time. Still, though, our salary is higher than those of the expatriats"* (**Participant 16**).

A further investigation of the interview responses indicated a possible reason for this dissatisfaction. There are limited numbers of Kuwaiti nurses; therefore, the country resorts to overseas hiring. Similarly, the primary reason for expatriate nurses moving to Kuwait is to earn more and send money back to their home countries (Kingma, 2001). The surveyed expatriate nurses, who were mostly from low-income Asian countries, had migrated to Gulf and Arab countries in search for more attractive socio-economic and financial opportunities. These nurses had been provided with various facilities, like accommodation and transport, by their employers (Al-Jarallah et al., 2009). Therefore, these nurses attempted to adopt a much cheaper lifestyle than the locals, and thus try to save as much as possible and send their savings back to their home countries to maintain their families:

> *"I'm a single woman working in Kuwait to earn good money to help my family in the Philippines, my parents are retired and they paid for my college studies…now it's the time for me to help them financially"* (**Participant 4**)

> *"I have a big family back home and need to support them financially"* (**Participant 23**)

> *"I am married and I have three kids who are back in Bangladesh with my husband and the rest of the family. I am one of the sources of support for them besides my husband"* (**Participant 15**).

Conversely, local nurses maintain a native Kuwaiti lifestyle that is more expensive compared to that of their expatriate counterparts. Given their comparatively better lifestyle, their earnings are insufficient for their family maintenance:

"There are bonuses and on-call rewards, which are still quite low." **(Participant 11)**

They also believe that, considering their workload, their pay should be higher:

"Salary…not very reasonable for the amount of work we usually do and the stressful hours we go through most of the time." **(Participant 16)**

However, the expatriate nurses were found to be happy with their lower salaries even though they had higher workloads than the locals. They commented that they were motivated by the accumulation of various cash rewards:

"Payments and cash rise every now and then, which might be a very good push." **(Participant 6)**

"Payments for extra jobs are given and bonuses as rewards, which is a good financial and motivational approach." **(Participant 5)**

4.7 Latent Themes Identified from the Interviews

These latent themes allowed the analysis to move away from the explicit and obvious content of the responses of the expatriate participant nurses, and go beyond what they had said to identify the underlying ideas and assumptions related to their work adjustment situation.

4.7.1 Religion

All over the world, health care systems have long been associated with patients' and care givers' religious beliefs (Burkhart and Hogan, 2008). The presence of one's religiosity within the nursing paradigm can affect that individual's work adjustment significantly. In this research, the participant nurses were not asked any questions directly about their religion or its impact on their job, but, while answering other questions related to their job demands, workload, and the challenges they face, the religious differences of the respondents appeared to be a contributing factor in understanding the work adjustment situation of the nurses.

4.7.2 Feeling of Initial Insecurity

Most non-Muslim expatriate nurses highlighted their feeling of initial insecurity. They came from non-Muslim countries with different religious beliefs (i.e. Christianity, Hinduism, and Buddhism). Kuwait is an Islamic country. Although Kuwaiti society is diverse and tolerant, with the presence of large communities of other expatriate religious groups (Kuwait Crime and Safety Report, 2016; Kuwait International Religious Freedom Report, 2015), the majority of non-Muslim expatriate nurses were uncomfortable when they first began their job there and sometimes afraid of the Kuwaiti traditions, norms and work environment:

> *"I came from a Christian environment to a Muslim country, so I was afraid in the beginning due to my Christian belief and lifestyle but, after a few months, I was fine."* **(Participant 22)**

Some of the nurses claimed that they were treated differently by their employers because they did not participate in Islamic occasions and events:

> *"I find religion and religious beliefs a very big thing. I do respect their religion here, but I feel that mine is not very well respected, because I do not participate in their religious seasons and events."* **(Participant 2)**

This often resulted in dissatisfaction, and a feeling of discrimination and unfair treatment. As one nurse commented:

> *"About a year ago, it was the holiday season in my religion and I asked for an official break but it was denied, the reason being the extreme shortage of staff. I found it very unfair and discriminatory and could hardly accept that. I wondered why the locals have breaks for their religious events where we do not."* **(Participant 8)**

4.7.3 Trust/Lack of Trust

'Trust' impacts on the nurses' ability to form meaningful relationships with patients and this connection positively impacts on health outcomes (Rutherford, 2014). Interestingly, Johns (1996) in his research on nursing highlighted the organisational relationship that can affect trust within the nursing profession. He claimed that the patient's physician and hospital are seen as authorities that oversee the level of nursing competence. Patients do not understand that nurses are licensed practitioners with a scope of practice. Patients see the physician and hospital as authoritative while the nursing role can be described as collaborative. Nurses,

however, collaborate with patients, forming an alliance in an effort to restore patients to optimum health but they also make practitioner decisions supported by their license which is monitored by the state (de Raeve, 2002). The hospitals will be affected by mistrust of the nurse and this "hampers communication and reinforces negative assumptions" (Johns, 1996, p. 78).

Empirical evidence shows that creating and sustaining trust among nurses, supervisors and the hospital management is critically important for maintaining a positive work environment and ensuring patient safety (Laschinger and Finegan, 2005a). Yet, a growing amount of evidence also shows that a lack of trust and respect towards nurses, miscommunication, and a failure to address concerns expressed by nurses about patients' care, treatment, and decision making, have resulted in a 'lack of trust' situation in many hospital settings (Laschinger et al., 2001). The nurses were found to feel that the physicians and management staff do not trust and respect them or their work (Laschinger, 2004). They are considered servants for patients and assistants for physicians (Al-Jarallah et el. 2009). The participant nurses in this study also experienced 'trust' in a very similar way to that found in the extant literature, especially in the case of the local (Kuwaiti) nurses. All of the native respondents commented that there exists a lack of trust between them and their supervisors, which leaves them feeling demotivated and lacking in enthusiasm:

> *"I dislike it when our abilities are not appreciated (especially Kuwaiti nurses). I believe that our supervisors would much prefer to work with non-Kuwaiti nurses as they consider them more capable and accomplished."* **(Participant 11)**

> *"The only thing that I dislike and mind about a lot is being less appreciated than the expatriate nurses. Locals are very under-rated."* **(Participant 12)**

> *"I dislike the fact that the nurses here are not treated equally. There is always a preference and trust issue regarding experience and nationality, in which expatriate nurses always get the credit for everything they do, while the Kuwaitis are not appreciated."* **(Participant 9)**

This perceived lack of trust in the nursing work environment has detrimental effects on both the hospital and its nurses. Nurses who feel 'distrusted' and 'less skilled' are less likely to contribute to the organisational goals and activities (Dinc and Gastmans, 2012). Therefore, there was a lack of motivation and organisational commitment among the Kuwaiti nurses:

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"As much as I dislike the under-appreciation and motivation, I do like that this could be a chance for me to take sick leave and holidays due to the fact that we are not given huge responsibilities due to trust issues." **(Participant 13)**

"I dislike the fact that nurses are not at all treated equally. There is always a preference and trust issues regarding experience and nationality, in which expatriates always get the credit for everything they do while the Kuwaiti staff is not as appreciated." **(Participant 9)**

This low status of nursing has, therefore, become an important factor that contributes to the low number of native nurses in Kuwait, a fact which is also evident in the extant literature (see Al-Jarallah et al., 2009; Aldossary et al., 2008; El-Haddad, 2006).

However, the respondent expatriate nurses provided a different view of their 'trust' issue. Almost all of the expatriate nurses answered that they were appreciated and felt 'valued' and 'trusted' by their supervisors compared to their Kuwaiti counterparts:

"I like that I am very loved and appreciated as a non-local. I noticed that they [her supervisors] treat expatriates differently as they think we are far more qualified and experienced than the locals." **(Participant 18)**

"I like that I am very appreciated by my supervisors and other staff because of being an expatriate, whom they find better and more knowledgeable compared to locals." **(Participant 1)**

Although it had been identified previously that expatriate nurses were given an extra workload, which creates a major disruption to their work adjustment, they were found to be accommodating of this workload because of the appreciation and recognition attached to it:

"Supervisors tend to prefer giving us bigger and harder tasks than giving them to the locals as, in their eyes, we are trustworthy and more qualified." **(Participant 8)**

"As expatriates, we are more trusted than locals, which gives us no choice but to accept the workload imposed on us." **(Participant 2)**

However, very few expatriate nurses agreed, stating that they dislike this inequality based on nationality and expressed their concern about possible discrimination:

"I don't like the fact that nurses are not at all treated equally. There is always a preference and trust issues regarding experience and nationality." **(Participant 25)**

However, it would be interesting to find out whether the expatriate nurses were actually more qualified and trustworthy than the locals or not—an issue which is not covered by the scope of this study. Nevertheless, the literature suggests that, in such a situation, an important strategy for increasing the level of trust among the nurses and their supervisors is to create work environments that manifest equality considering diversity, justice, respect, and empowerment, and thereby facilitate professional nursing practices (Laschinger and Finegan, 2005a). Hospital administrators can foster trust between the nurses and their supervisors through honest and transparent communication and the recognition of the nurses' work to form a meaningful relationship (Rutherford, 2014).

4.8   Overview of the Key Findings

In nursing studies, the JD-R model is widely accepted among researchers who conduct comparative studies involving both local and expatriate nurses (Montgomery et al., 2015; Garrosa et al., 2011; Jourdian and Chênevert, 2010). It is one of the leading frameworks for understanding employee wellbeing and unease (Halbesleben and Buckley, 2004). The extant JD-R research on expatriates international assignments emphasize that psychological and sociocultural adjustment underlie the cost and benefits of expatriate experiences to individuals, their families and their organisations (Bhaskar-Shrinivas et al., 2005). The current nursing workforce in Kuwait is made up of a majority of expatriate nurses (approx. 93%), while the minorities are native Kuwaitis (Al-Jarallah et al., 2009). While investigating if the participant local and expatriate nurses actually had different job demands and resources or not, this analysis identified different types of concerns raised by the respondents. These concerns were related to their work environment and socio-cultural differences. The analysis of job demands and job resources revealed that excessive work demands were more detrimental to nurses' well-being than insufficient resources. Considerable job challenge and hindrance demands lead both the native and expatriate nurses to experience physical and emotional exhaustion, which further led to job disengagement, demotivation and depersonalisation. Both local and expatriate nurses struggle to achieve professional status and recognition, not only in their society, due to their dependent role model, but the local nurses also faced a lack of 'trust' and 'appreciation' by their supervisors in their workplace.

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However, for the expatriate nurses, the 'appreciation' was higher, which was a source of their engagement. Similar findings are evident in nursing research on Gulf and Arab countries by Aldossary et al. (2008) and Marrone (2004). However, evidence of a high turnover rate among expatriate nurses is absent from this research, which is dissimilar to the findings of other researchers, who found a high turnover rate among expatriate nurses. Their findings show that many expatriate nurses resign and decide to move to countries with a better immigration policy and societal acceptance, such as the United Kingdom, Canada or the United States of America (Al-Jarallah et al., 2009).

The first research questions of this study attempted to justify the appropriateness of the JD-R model for investigating work adjustment amongst expatriate and local nurses in Kuwait. Nursing is a demanding job. A demanding job can only motivate workers, if it is accompanied with high level of resources (Bakker and Demerouti, 2007). Hence, in such cases motivating jobs (i.e., with high demands and high resources) will reduce burnout and lead to positive work outcomes such as organisational commitment (Bakker et al., 2010). Jobs that cause strain, however, are characterised as high in demands and also lacking the necessary resources to buffer those demands (Bakker and Demerouti, 2007). Demanding work leads to employee burnout (Schaufeli et al., 2009). For this current research, the JD-R model is found to be appropriate within the expatriate nurses' context since the research participants were well suited to the principles and categorisations of the model (see table 4.1). Under the job challenge demands and job hindrance demands, a number of themes were identified, including a high workload, insufficient time, cultural demands in the form of relativism and acculturation, role conflict and emotional demands. Under personal and job resources, the identified themes were cognitive flexibility, autonomy, relationship, and rewards.

These job demands and resources were identified and interpreted differently by the native and expatriate nurses, which addressed the second research question— whether the job demands and resources of the expatriate nurses differ from those of the local nurses. The qualitative analysis showed that nursing in Kuwait is a highly demanding job with different levels of motivation for the local and the expatriate nurses. Job demands and resources are different for both the local and expatriate nurses. In answering the third research question, a number of predictors were identified that may affect the adjustment and engagement of the expatriate nurses. The analysis shows that job demands, like the workload, time constraints and cultural

characteristics situations, faced by the expatriate nurses have contributed to making them more accustomed to their challenging and demanding workplaces compared to the local nurses. These jobs demands were found to have an influence on job resources, like relationships and rewards. The expatriate nurses, due to their better adjustment to the job demands and cultural adaptability, were considered more skilled and professionally committed than the local nurses, and therefore the expatriates became more 'sought-after' and more 'appreciated' by the hospital staff and supervisors. They were given extra workloads, with the associated extra rewards and benefits. This also resulted in a better 'nurse-supervisor' relationship, alongside an increased level of 'trust' between the supervisors and the expatriate nurse. Trust in nursing is considered an intangible asset as once trust is lost, it is hard to restore (Rutherford, 2014). This 'trustworthiness' influenced the job engagement of the expatriate nurses (e.g. they showed greater dedication and commitment to service delivery and patient care), whereas job demands and resources influenced the job engagement of the local nurses negatively (e.g. they displayed a lack of motivation and enthusiasm towards nursing and a tendency to leave the profession).

This is in conjunction with the recent development of JD-R research in the field of nursing, where the relationship between job demands, job resources and work engagement are investigated (see Khamisa et al., 2013; Jourdain and Chênevert, 2010; Kowlaski et al., 2010; Simpson, 2009). This research found that low job demands and high job resources are associated with a high level of job satisfaction and work engagement, which also results in a lower turnover rate as well as a better quality of patient care. Interestingly, Bogaert et al. (2014) tested a model using predictors of work characteristics and work engagement and found that theses dimensions influence job outcomes and nurse-assessed quality of care. This study has also employed predictors similar to their research. They found that the hospital management had a direct effect on workload and that, in turn, workload had a direct negative effect on nursing management at the unit level. Similarly, favourable nurse management at the unit level (i.e. autonomy and appreciation) had a direct positive effect on nurses' dedication and vigour. Additionally, the nurse-supervisor relationship also had a direct positive effect on vigour and vigour had a direct positive effect on job outcomes and dedication (Bogaert et al., 2014). Furthermore, Kanter's (1993) pioneer theory can be mentioned here, which described the value of structural empowerment in organisations to cope adequately with the changes and evolving needs of the markets and customers. Considering Kanter's theory, many nursing studies later confirmed that job resources, like

autonomy, relationships with colleagues and supervisors, and opportunities to learn and develop, enabled nurses to make a positive impact on excellent patient care, professionalism, retention, productivity and satisfaction (Khamisa et al., 2013; Tinkham, 2013; Laschinger and Finegan, 2005b).

The fourth research question focused on cultural relativism and acculturation. The analysis showed that the expatriate nurses raised concerns about language barriers, cultural demands (acculturation), and religious beliefs and norms between themselves and the native nurses which affected their quality of work and lifestyle. The native nurses, local hospital staff and supervisors had their own Kuwaiti cultural and religious values and norms imposed on their work environment, which were found to create cultural conflict and misunderstandings between the locals and expatriate nurses. Similarly, foreign nurses were also found to saddle their local workmates with their own cultural and religious values, which perhaps affected the quality of healthcare provided to the patients, and thus created a level of stress for both nurses and patients. This finding is similar to the study of Al-Jarallah et al. (2009), who found that the Kuwaiti patients receiving nursing care are incompatible with the foreign nurses' values, norms or customs, which may not fully comply with their treatment protocols and so may lead to cultural conflict and stress. Most of the expatriate nurses believe that their supervisors are unconcerned about or fail to deal with in a sensitive and truthful manner their autonomy in making decisions.

In sum, the key assumptions of the JD-R model appear to be relevant to the expatriate nurses context, understanding the JD-R model from this qualitative analysis perspective can enhance the ability of researchers and practitioners to develop applied interventions that will improve the quality of the nurses' working life. The analysis found that job demands and resources were perceived differently by the local and expatriate nurses due to their cultural and religious differences, which further explained why and when some job demands and job resources become motivational for some nurses, and/or create an impact on the work adjustment of others. Cognitive flexibility, for example, appeared higher among the expatriate nurses compared to the locals, perhaps due to expatriate nurses being subjected to cultural adjustment and acculturation, which enabled them to develop greater flexibility and be adaptive to job demands. Gyorkos et al. (2012) contend that besides working under similar conditions, individuals from different cultural context experiences vary, attributing it to the cultural variation. In conclusion, this analysis presents a clear indication that the job demands

and job resources differ between the expatriate and the local nurses, with a variable level of impact on their work adjustment. The next chapter will provide the findings from the highly detailed analysis of the relationships between variables in the JDR model to gain a finely detailed understanding of the behavior of expatriate and indigenous nurses in Kuwait hospitals.

Chapter 5

5.1   Study 2 : Quantitative Study

Chapter 5 presents the finding of the modeling of Work Adjustment Amongst Expatriates working in the state of Kuwait. Firstly, the chapter begins with a description of the demographic data, which is followed by an, analysis of each hypothesis with an overview of the preliminary considerations. Then, an evaluation of the measurement model's reliability and validity was conducted, followed by a structural equation model analysis to evaluate the theoretical model. Finally, an overview of the key findings of the quantitative study is presented.

5.2   Results:

This section provides details of the steps taken during statistical data analyses techniques ; descriptive and inferential, and also reports findings.

5.2.1   Descriptive Statistics

SPSS 23 was used to perform statistical analyses. Section one provided general and demographic information about the data. The demographic items captured Gender, Age, Nationality, Language, Education, Marital Status, Ethnicity, Religion, working hours per week, working time (morning/day/night), length of stay in Kuwait, length of employment in years, length of employment in Kuwait and Area of Work. The results of the data analysis are based on 563 questionnaires collected from five public hospitals in Kuwait.

Since the general and demographic data are extensive and rich, I decided to divide them into two tables: table 5.1 and 5.2.

In table 5.1, the frequencies and percentages were calculated for gender, age, marital status, living with partner, level of education, ethnic group, religion affiliation, nationality, and language. According to table 5.1 most of the respondents were female ($n = 375$, 70%), married (n = 384, 72%), living with their partners (n = 324, 60%) and their ages were 25-34 years ($n = 319$, 60%). Most of the respondents had a Bachelor's degree ($n = 467$, 87%) and were Asians ($n = 305$, 57%). Most of the respondents were Expatriates ($n = 354$, 66%)

compared to Kuwaiti nationals (n= 182, 33.96%) also indicating that their Language was not Arabic ($n = 319$, 60%).

Table 5-1: Descriptive Statistics of the Demographic Data (part one)

Variables	*n*	*%*
Gender		
Female	375	69.96
Male	161	30.04
Age		
18-24 years	31	5.78
25-34 years	319	59.51
35-44 years	150	27.99
45-54 years	33	6.16
above 54	3	0.56
Marital status		
Single	116	21.64
Married	384	71.64
Widowed	10	1.87
Divorced	26	4.85
Living with partner		
No	212	39.55
Yes	324	60.45
Level of education		
High school diploma	49	9.14
Bachelor's degree	467	87.13
Higher education	20	3.73
Ethnic group		
Arab	219	40.86
Asian	305	56.90
Mixed, multiple or other	12	2.24
Religion affiliation		
Muslim	248	46.27
Christian	249	46.46
Other	39	7.28
Nationality		
Expatriate	354	66.04
Kuwaiti	182	33.96
Language		
Arabic	217	40.49
Other language	319	59.51

In table 5.2, the frequencies and percentages are calculated for length of employment, length of employment in Kuwait, working hours per week, working time (morning/day/night), and area of work.

Table 5-2: Descriptive Statistics for the Demographic Data (part two)

Variable	*n*	*%*
Length of employment		
1-4 years	87	16.23
5-9 years	228	42.54
10-14 years	144	26.87
15 years or more	77	14.37
Length of employment in Kuwait		
1-4 years	174	32.46
5-9 years	220	41.04
10-14 years	87	16.23
15 years or more	55	10.26
Working hours per week		
40 hours	236	44.03
48 hours	282	52.61
Other	18	3.36
Working time		
Day shift	418	77.99
Evening shift	107	19.96
Night shift	11	2.05
Work morning shift		
2-3 Times a Month	53	9.89
2-3 Times a Week	314	58.58
Daily	126	23.51
Once a Week	37	6.90
Once a Month	6	1.12
Evening shift		
2-3 Times a Month	100	18.66
2-3 Times a Week	314	58.58
Daily	60	11.19
Once a Month	32	5.97
Once a Week	30	5.60
Night shift		
2-3 Times a Month	193	36.01
2-3 Times a Week	92	17.16
Daily	4	0.75
Less than Once a Month	94	17.54
Once a Month	108	20.15
Once a Week	45	8.40
Area of Work		
Case management	15	2.8
Emergency Department	87	16.2
Internal Medicine	88	16.4
Obstetrics/Gynecology	74	13.8
Occupational Health	6	1.1
Oncology	16	3
Perioperative Services	24	4.5
Preventative Medicine	22	4.1
Psychiatry	7	1.3
Radiology	12	2.2
Infectious Control	18	3.4
Surgery	99	18.5
Other	68	12.7

Table 5.2 show that the most of the respondents' length of employment was 5-9 years (n = 228, 43%) with the length of employment in Kuwait being the same i.e., 5-9 years (n = 220, 41%). The working hours per week tended to be 48 hours (n = 282, 53%), and most of them worked on a day shift (n = 418, 78%), 2-3 Times a Week morning, Evening shifts (n = 314, 59%) and 2-3 Times a Week Night shifts (n = 193, 36%). The most frequent Area of Work was Surgery (n = 99, 19%).

5.2.2 Descriptive statistics concerning the distribution of the scores for the variables

In section two, summary statistics were calculated for Autonomy, Workload, Supervisor Support, Colleagues' Support, Emotional Load, Change in Tasks, Cognitive Flexibility, Exhaustion, and Engagement, as presented in Table 5.3. Also, summary statistics were calculated for Burnout, Engagement, Work Adjustment (dep.), Job Resources, Job Challenge Demands, Job Hindrance Demands and Personal Resources, as presented in Table 5.4. Skewness and kurtosis were also calculated to ensure that the data are normally distributed. If the skewness is greater than 2, the variable is measured as being asymmetrical about its mean, while, when the kurtosis statistic value is greater or equal to 3, than the distribution of the scores will differ from the normal distribution (Westfall and Henning, 2013). Table 5.3 indicates that all the variables were normally distributed.

Table 5-3: Descriptive statistics for skewness, kurtosis and the standard error of mean to indicate the scores' normality for the sub variables.

Variable	M	SD	n	SE_M	Skewness	Kurtosis
Autonomy	2.10	0.64	536	0.03	-0.29	-0.99
Workload	2.11	0.39	536	0.02	-0.29	1.16
Supervisor Support	2.13	0.51	536	0.02	0.56	0.39
Colleagues' Support	2.16	0.41	536	0.02	-0.56	0.38
Emotional Load	2.64	0.59	536	0.03	-0.17	-0.68
Change in Tasks	2.58	0.41	536	0.02	-0.83	2.52
Cognitive Flexibility	2.43	0.54	536	0.02	-0.08	1.05
Exhaustion	2.21	0.39	536	0.02	-0.14	0.05
Engagement	2.37	0.95	536	0.04	0.65	0.22

Table 5-4: Descriptive statistic for skewness, kurtosis and the standard error of mean to indicate the normality of the variables

Variable	*M*	*SD*	*N*	SE_M	Skewness	Kurtosis
Burnout	2.30	0.76	536	0.03	0.17	-0.98
Engagement	5.63	0.95	536	0.04	-0.65	0.22
Work Adjustment	5.13	1.20	536	0.05	-1.01	1.01
Job Resources	3.87	0.43	536	0.02	0.38	-0.74
Job Challenge Demands	4.00	0.74	536	0.03	-1.01	0.67
Job Hindrance Demands	2.64	0.59	536	0.03	-0.17	-0.68
Personal Resources	4.00	0.67	536	0.03	-0.51	0.07

5.3 Analysis of the Hypotheses

This section deals with the analysis of the hypotheses under study, beginning with an overview of the preliminary considerations. The results related to hypothesis 1 (hypotheses H_{1a}, H_{1b}, H_{1c} and H_{1d}), regarding the difference between the perception of job demands and resources for Kuwaiti and expatiate nurses, hypothesis 2 (hypotheses H_{2a} and H_{2b}), related to the association between Job Demands and Burnout, hypothesis 3 (hypothesis H_{3a}, H_{3b}), related to the association between Job Resources and Engagement, hypothesis 4 (hypothesis H_{4a}, H_{4b}, H_{4c}, and H_{4d}), related to the association between JDR and Work Adjustment, hypothesis 5 (hypotheses H_{5a} and H_{5b}), related to the association between Work-related Outcomes and Work Adjustment, hypothesis 6 (hypotheses H_{6a}, H_{6b}, H_{6c}, and H_{6d}), related to the mediation model and see whether work adjustment is mediated by Burnout and Engagement. Figure 5-1 provided an overview of the proposed model based on the hypotheses.

Figure 5-1: Proposed Extended JD-R Model
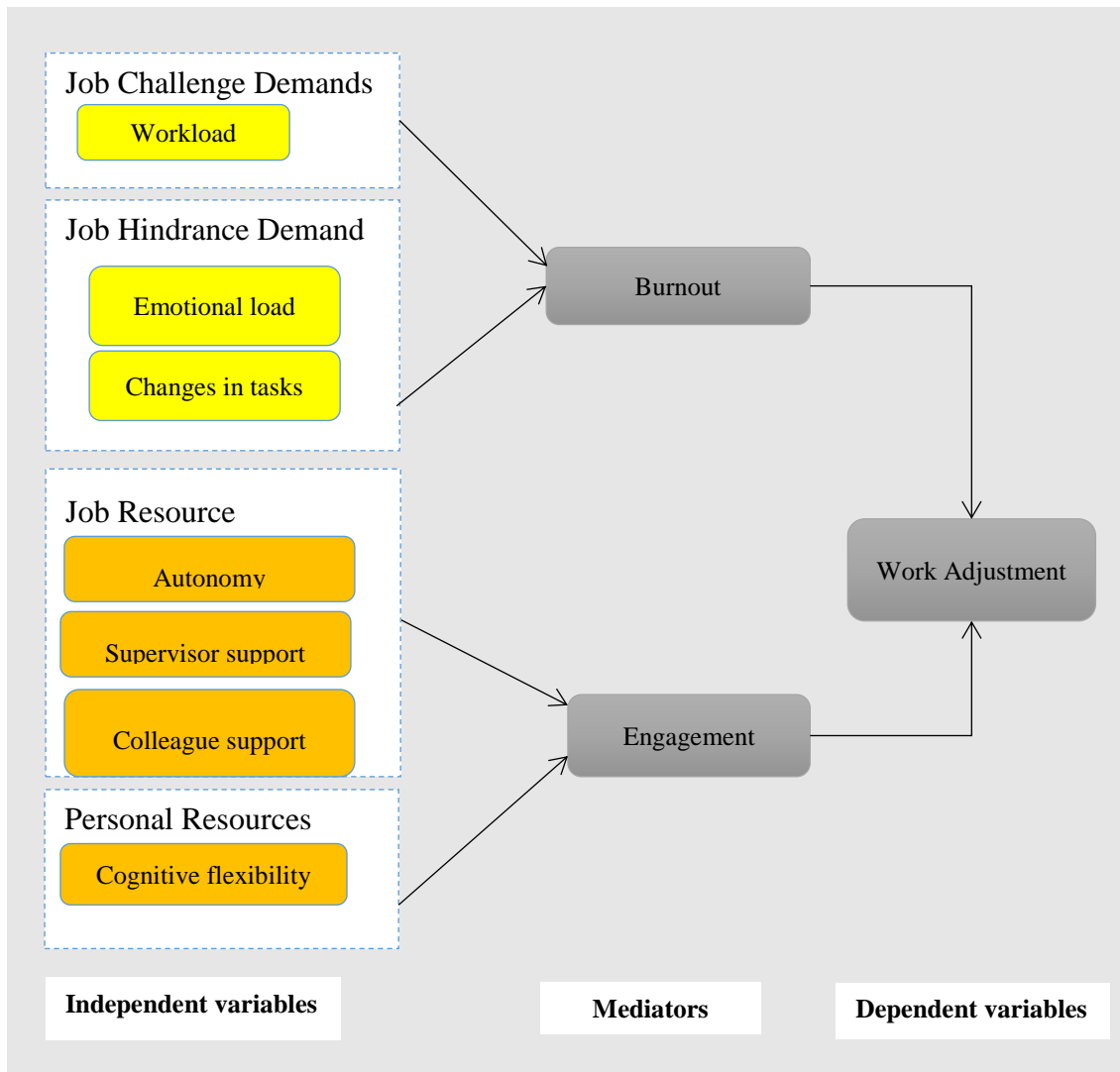
5.3.1 The Kuwaiti and expatriate nurses' differing perceptions of their job demands and resources

Firstly, to assess whether or not the Kuwaiti and expatriate nurses' perceptions of their job demands and job resources differ (hypotheses H_{1a}, H_{1b}, H_{1c}, and H_{1d}), an independent samples t-Test was conducted to examine whether the mean of job demands and job resources differed significantly between the Kuwaiti and expatriate nurses.

H_1: The perception of job demands and resources differs for Kuwaiti and expatriate nurses.

H_{1a}: Job hindrance demands differ for Kuwaiti and expatriate nurses.

H$_{1b}$: Job challenge demands differ for Kuwaiti and expatriate nurses.

H$_{1c}$: Job resources differ for Kuwaiti and expatriate nurses.

H$_{1d}$: Personal resources differ for Kuwaiti and expatriate nurses.

It is clear from Table 5-5 and Table 5-6 respectively, that there was a *significant* difference between the perceptions of Job Hindrance Demands between the Expatriate (M = 2.82, S.D. = 0.55) and Kuwaiti (M =2.27, S.D. = 0.50) nurses, as t (397.99) = 11.83, p < .001. Therefore, it can be concluded that, on average, the Job Hindrance Demands of the Expatriates' category was about 0.55 points *higher* than the Job Hindrance Demands of the Kuwaiti category (95% CI [0.47, 0.65]). There was a *significant* difference between the perceptions of the Job Challenge Demands of the Expatriate (M = 3.79, S.D. = 0.77) and Kuwaiti (M =4.42, S.D. = 0.43) nurses, as t (529.98) = -12.012, p < .001. Therefore, it can be concluded that, on average, the Job Challenge Demands of the Expatriates' category was about 0.63 points *lower* than those of the Kuwaiti category (95% CI [-0.73, -0.52]). There was a *significant* difference between the perceptions of the Job Resources of the Expatriate (M = 3.93, S.D. = 0.43) and Kuwaiti (M =3.75, S.D. = 0.40) nurses, as t(534) = 4.52, p < .001. Therefore, it can be concluded that, on average, the Job Resources of the Expatriates' category was about 0.18 points *higher* than that of the Kuwaiti category (95% CI [0.10, 0.25]). There was no *significant* difference between the perceptions of Personal Resources of the Expatriate (M = 3.96, S.D. = 0.75) and Kuwaiti (M =4.06, S.D. = 0.47) nurses, as t (514.10) = -1.883, p > .05. Therefore, it can be concluded that, on average, there is no difference between the nurses in the Expatriate and Kuwaiti category based on Personal Resources (95% CI [-0.20, 0.00]). **Hence, the data support hypothesis H$_{1a}$, H$_{1b}$, and H$_{1c}$, and reject hypothesis H$_{1d}$.**

Table 5-5 Independent Samples t-Test for the Differences between the Expatriate and Kuwaiti nurses

| | t-test for Equality of Means | | | | | | |
| | | | | | | 95% Confidence Interval of the Difference | |
	T	Df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Job Hindrance Demands	11.83	397.99	0.000	0.56	0.05	0.47	0.65
Job Challenge Demands	-12.01	529.98	0.000	-0.63	0.05	-0.73	-0.52
Job Resources	4.52	534	0.000	0.17	0.04	0.10	0.25
Personal Resources	-1.88	514.10	0.060	-0.10	0.05	-0.20	0.00

Table 5-6: Comparison between Nationality levels

Q10. Please specify your nationality		N	Mean	Std. Deviation	Std. Error Mean
Job Resources	Expatriates	354	3.93	0.43	0.02
	Kuwaitis	182	3.75	0.40	0.03
Job Challenge Demands	Expatriates	354	3.79	0.77	0.04
	Kuwaitis	182	4.42	0.43	0.03
Job Hindrance Demands	Expatriates	354	2.82	0.55	0.03
	Kuwaitis	182	2.27	0.50	0.04
Personal Resources	Expatriates	354	3.96	0.75	0.04
	Kuwaitis	182	4.06	0.47	0.03

5.3.2 The association between Job Demands and Burnout

To check whether an association exists between different factors (Job Demands and Burnout, hypotheses H_{2a}, and H_{2b}), a Pearson correlation analysis was conducted among Burnout, Job Challenge Demands, and Job Hindrance Demands. Before conducting the linear regression analysis, the Variance Inflation Factors (VIFs) were calculated to detect the presence of multicollinearity between the predictors for each regression model (Yoo et al., 2014). If VIFs are greater than 5, this is a cause for concern while, if the VIFs are 10, then this can be considered the maximum upper limit (Menard, 2009). Hence, high VIFs indicate the effect of multicollinearity in the model.After conducting the correlation analysis to check how burnout

is affected by Job Hindrance Demands and Job Challenge Demands, a linear regression analysis was conducted.

H$_{2a}$: Job hindrance demands are positively correlated with burnout.

H$_{2b}$: Job challenge demands are negatively correlated with burnout.

It is clear from Table 5.7 that a *significant positive* correlation existed between Job Hindrance Demands and Burnout (r_p = 0.67, *p*< .001). The correlation coefficient between Job Hindrance Demands and Burnout was 0.67, indicating a relatively *large* effect size. Therefore, it can be concluded that, as Job Hindrance Demands increase, Burnout also tend to increase. There was a *significant negative* correlation between Job Challenge Demands and Burnout (r_p = -0.66, *p*< .001). The correlation coefficient between Job Challenge Demands and Burnout was -0.66, *indicating a similar relatively large effect size.* Therefore, it can be concluded that, as Job Challenge Demands increases, Burnout tend to decrease. **Hence, the data support hypotheses H$_{2a}$ and H$_{2b}$.**

Table 5-7: Pearson Correlation Matrix among Burnout, Job Challenge Demands, and Job Hindrance Demands

Variable	1	2	3
1. Burnout	-		
2. Job Challenge Demands	-0.66	-	
3. Job Hindrance Demands	0.67	-0.50	-

Note. The critical values are 0.08, 0.11, and 0.14 for *significanc*e levels .05, .01, and .001 respectively.

Variance Inflation Factors (VIFs) were calculated to detect the presence of multicollinearity between the predictors for the regression model. Table 5.8 presents the VIF for each predictor in the model. All of the predictors in the regression model have VIFs of around 1. This indicates that it is safe to proceed further with the linear regression analysis.

Table 5-8: Variance Inflation Factors for Job Challenge Demands and Job Hindrance Demands

Variable	VIF
Job Challenge Demands	1.32
Job Hindrance Demands	1.32

Table 5.9 summarises the results of the regression analysis, which were *significant* at F (2,533) = 383.85, $p<$ .001, R^2 = 0.59, indicating that approximately 59% of the variance in Burnout is explainable by Job Challenge Demands and Job Hindrance Demands. Job Challenge Demands *significantly* predicted Burnout, B = -0.44, t (533) = -13.46, $p<$ .001. This indicates that, on average, a one-unit increase in Job Challenge Demands will decrease the value of Burnout by 0.44 units. In addition, Job Hindrance Demands *significantly* predicted Burnout, at B = 0.59, t (533) = 14.38, $p<$ .001. This indicates that, on average, a one-unit increase in Job Hindrance Demands will increase the value of Burnout by 0.59 units.

Table 5-9: Results for Linear Regression with Job Challenge Demands and Job Hindrance Demands predicting Burnout

Variable	*B*	*SE*	95% CI	β	*t*	*p*
(Intercept)	2.52	0.21	[2.11, 2.93]	0.00	12.08	< .001
Job Challenge Demands	-0.44	0.03	[-0.51, -0.38]	-0.43	-13.46	< .001
Job Hindrance Demands	0.59	0.04	[0.51, 0.67]	0.46	14.38	< .001

Note. Results: $F(2,533)$ = 383.85, $p<$ .001, R^2 = 0.59; Unstandardised Regression Equation: Burnout = 2.52 - 0.44*Job Challenge Demands + .59*Job Hindrance Demands

5.3.3   Job resources are associated with Engagement

According to:

> H_{3a}: Job Resources are positively correlated with Engagement.
>
> H_{3b}: Job Resources are positively correlated with Work Adjustment.

It is clear from Table 5.10 that a *significant* positive correlation exists between Job Resources and Engagement (r_p = 0.31, $p<$ .001). The correlation coefficient between Job Resources and Engagement was 0.31, indicating a *moderate* effect size. Therefore, it can be concluded that, as Job Resources increases, Engagement tend to increase. There was a *significant* positive correlation between Job Resources and Work Adjustment (r_p = 0.34, $p<$ .001). The correlation coefficient between Job Resources and Work Adjustment was 0.34, indicating a *moderate* effect size. Therefore, it can be concluded that, as Job Resources increase, Work Adjustment tend to increase. **Hence, the data support hypotheses H$_{3a}$ and H$_{3b}$.**

Table 5-10: Pearson Correlation Matrix among Engagement, Work Adjustment, and Job Resources

Variable	1	2	3
1. Engagement	-		
2. Work Adjustment	0.44	-	
3. Job Resources	0.31	0.34	-

Note. The critical values are 0.08, 0.11, and 0.14 for significance levels of .05, .01, and .001, respectively.

Table 5.11 presents the VIF for each predictor in the model. All predictors in the regression model have VIFs of around 1. This indicates that it is safe to proceed further with the linear regression analysis.

Table 5-11: Variance Inflation Factors for Engagement and Job Resources

Variable	VIF
Engagement	1.11
Job Resources	1.11

Table 5.12 summarises the results of the regression analysis. The results of the linear regression analysis were *significant*, $F (2,533) = 83.95$, $p < .001$, $R^2 = 0.24$, indicating that approximately 24% of the variance in Work Adjustment can be explained by Engagement and Job Resources. Engagement *significantly* predicted Work Adjustment, at $B = 0.47$, $t (533) = 9.42$, $p < .001$. This indicates that, on average, a one-unit increase in Engagement will increase the value of Work Adjustment by 0.47 units. Job Resources *significantly* predicted Work Adjustment, at $B = 0.61$, $t (533) = 5.51$, $p < .001$. This indicates that, on average, a one-unit increase in Job Resources will increase the value of Work Adjustment by 0.61 units.

Table 5-12: Results for the Linear Regression with Engagement and Job Resources predicting Work Adjustment

Variable	*B*	*SE*	95% CI	B	*t*	*P*
(Intercept)	0.09	0.44	[-0.77, 0.95]	0.00	0.21	.832
Engagement	0.47	0.05	[0.37, 0.57]	0.37	9.42	< .001
Job Resources	0.61	0.11	[0.39, 0.83]	0.22	5.51	< .001

Note. Results: $F (2,533) = 83.95$, $p< .001$, $R^2 = 0.24$; Unstandardised Regression Equation: Work Adjustment = 0.09 + 0.47*Engagement + 0.61* Job Resources

5.3.4 The perception of JDR is associated with Work Adjustment

According to the Hypotheses:

> H_{4a}: *Job Hindrance Demands are negatively correlated with Work Adjustment*
>
> H_{4b}: *Job Challenge Demands are positively correlated with Work Adjustment.*
>
> H_{4c}: *Job Resources are positively correlated with Work Adjustment.*
>
> H_{4d}: *Personal Resources are positively correlated with Work Adjustment.*

Table 5.13 indicated that there was a *significant* positive correlation between Job Hindrance Demands and Work Adjustment ($r_p = 0.09$, $p < .05$). The correlation coefficient between Job Hindrance Demand and Work Adjustment was 0.09, indicating a *small* effect size indicating that as Job Hindrance Demands increases, Work Adjustment tends to increase. There was also a *significant* positive correlation between Job Challenge Demands and Work Adjustment ($r_p = 0.20$, $p < .001$) with the correlation coefficient 0.20, indicating a *small* effect size. This further suggested that as Job Challenge Demands increases, Work Adjustment tends to increase too. There was a *significant* positive correlation between Job Resources and Work Adjustment ($r_p = 0.38$, $p < .001$). However, the correlation coefficient between Job Resources and Work Adjustment was 0.38 which indicated a *moderate* effect size. Therefore, it can be concluded that as Job Resources increases, Work Adjustment also tends to increase. Moreover, there was a *significant* positive correlation between Personal Resources and Work Adjustment ($r_p = 0.47$, $p < .001$) with the correlation coefficient 0.47, indicating a *moderate* effect size highlighting that as Personal Resources increases, Work Adjustment tends to increase.

Table 5-13: Pearson Correlation Matrix among Work Adjustment, Job Resources, Job Challenge Demands, Job Hindrance Demands, and Personal Resources

Variable	1	2	3	4	5
1. Work Adjustment	-				
2. Job Resources	0.38	-			
3. Job Challenge Demands	0.20	-0.12	-		
4. Job Hindrance Demands	0.09	0.39	-0.49	-	
5. Personal Resources	0.47	0.56	0.05	0.20	-

Note. The critical values are 0.08, 0.11, and 0.14 for significance levels of .05, .01, and .001 respectively.

Table 5-14: Variance Inflation Factors for Job Resources, Job Challenge Demands, Job Hindrance Demands, and Personal Resources

Variable	VIF
Job Resources	1.72
Job Challenge Demands	1.34
Job Hindrance Demands	1.50
Personal Resources	1.53

The results of the linear regression analysis (Table 5-16) were *significant*, at F (4,531) = 33.06, *p*< .001, R^2 = 0.20, indicating that approximately 20% of the variance in Work Adjustment can be explained by Job Resources, Job Challenge Demands, Job Hindrance Demands, and Personal Resources. Job Resources *significantly* predicted Work Adjustment, at B = 0.60, t (531) = 4.19, *p*< .001. This shows that, on average, a one-unit increase in Job Resources will increase the value of Work Adjustment by 0.60 units. Job Challenge Demands *significantly* predicted Work Adjustment, at B = 0.32, t (531) = 4.33, *p*< .001. This suggests that, on average, a one-unit increase in Job Challenge Demands will increase the value of Work Adjustment by 0.32 units. Job Hindrance Demands did not *significantly* predict Work Adjustment, at B = 0.04, t (531) = 0.42, *p* = .672. Based on this sample, a one-unit increase in Job Hindrance Demands does not have a *significant* effect on Work Adjustment. Personal Resources *significantly* predicted Work Adjustment, at B = 0.47, t (531) = 5.43, *p*< .001. This indicates that, on average, a one-unit increase in Personal Resources will increase the value of Work Adjustment by 0.47 units.

Table 5-15: Results for the Linear Regression with Job Resources, Job Challenge Demands, Job Hindrance Demands, and Personal Resources predicting Work Adjustment

Variable	*B*	*SE*	95% CI	β	*t*	*P*
(Intercept)	-0.42	0.59	[-1.58, 0.73]	0.00	-0.72	.473
Job Resources	0.60	0.14	[0.32, 0.88]	0.21	4.19	< .001
Job Challenge Demands	0.32	0.07	[0.17, 0.46]	0.19	4.33	< .001
Job Hindrance Demands	0.04	0.10	[-0.15, 0.23]	0.02	0.42	.672
Personal Resources	0.47	0.09	[0.30, 0.64]	0.26	5.43	< .001

Note. Results: F (4,531) = 33.06, p< .001, R2 = 0.20
Unstandardised Regression Equation: Work Adjustment = -0.42 + 0.60*Job Resources + 0.32*Job Challenge Demands + 0.04*Job Hindrance Demands + 0.47*Personal Resources

5.3.5 The association between work-related outcomes and Work Adjustment

According the hypotheses:

H_{5a}: *Work Engagement is positively associated with Work Adjustment.*

H_{5b}: *Burnout is negatively associated with Work Adjustment.*

Table 5-16 presents the results of the correlations. There was a *significant* positive correlation between Engagement and Work Adjustment (r_p = 0.44, p< .001). The correlation coefficient between Engagement and Work Adjustment was 0.44, indicating a *moderate* effect size. Therefore, it can be concluded that, as Engagement increases, Work Adjustment also tends to increase. There was an *insignificant* positive correlation between Burnout and Work Adjustment (r_p = 0.01, p > 0.05).

Table 5-16: Pearson Correlation Matrix among Burnout, Engagement, and Work Adjustment

Variable	1	2	3
1. Burnout	-		
2. Engagement	-0.19	-	
3. Work Adjustment	0.01	0.44	-

Note. The critical values are 0.08, 0.11, and 0.14 for *significance* levels of .05, .01, and .001, respectively.

According to the Table 5-17 the results of the linear regression model were *significant*, at F (2,533) = 68.47, p< .001, R^2 = 0.20, indicating that approximately 20% of the variance in Work Adjustment can be explained by Burnout and Engagement. Burnout *significantly* predicted Work Adjustment, at B = 0.14, t (533) = 2.34, p = .020. This shows that, on average, a one-unit increase in Burnout will increase the value of Work Adjustment by 0.14 units. Engagement *significantly* predicted Work Adjustment, at B = 0.58, t (533) = 11.70, p< .001. This suggests that, on average, a one-unit increase of Engagement will increase the value of Work Adjustment by 0.58 units.

Table 5-17: Results for the Linear Regression with Burnout and Engagement predicting Work Adjustment

Variable	B	SE	95% CI	B	t	P
(Intercept)	1.52	0.34	[0.86, 2.19]	0.00	4.49	< .001
Burnout	0.14	0.06	[0.02, 0.27]	0.09	2.34	.020
Engagement	0.58	0.05	[0.48, 0.68]	0.46	11.70	< .001

Note. Results: $F(2,533) = 68.47$, $p < .001$, $R^2 = 0.20$; Unstandardised Regression Equation: Work Adjustment $= 1.52 + 0.14*$Burnout $+ 0.58*$Engagement

5.3.6 Work Adjustment is mediated by Burnout and Engagement

To examine hypothesis 6, a Baron and Kenny (1986) mediation analysis was conducted to assess whether or not Burnout and Engagement mediates the relationship between Work Adjustment and Job Demands and Job Resources. Following Baron and Kenny's (1986) steps, three regression tests were conducted to determine whether the mediation relationship was supported by the data. Baron and Kenny (1986) pointed out that four conditions should be met to support the mediation, 1) in the first regression, the independent variable must significantly influence the dependent variable, 2) in the second regression, the independent variable must significantly influence the mediator, 3) the mediator is shown significantly with the dependent variable, 4) here, in the presence of the mediator, the independent variable should not be a significant predictor of the dependent variable. If all of the four conditions, as mentioned earlier, are met then the data are steady with the hypotheses that mediation variables completely mediate the independent and dependent relationships, and if first three conditions are met but not the fourth condition, then partial mediation is implied among the variables. Most current analysts consider that the fundamental steps in determining mediation are steps 2 and 3. However, step 4 does not have to meet if the probability is for full mediation and step 1 is not required (Kenny, Kashy and Bilger, 1998)

H6a: Burnout mediated the relationship between Job Hindrance Demands and Work adjustment.

First, the regression with Job Hindrance Demands predicting Work Adjustment was conducted. Table 5-18 summarises the results of the mediation analysis of hypothesis H6a. The regression of Work Adjustment on Job Hindrance Demands was not *significant*, at $F(2, 534) = 1.70$, $p = .193$. The results showed that Job Hindrance Demands were not a *significant* predictor of Work Adjustment, at $B = 0.11$, indicating that the first criterion for mediation

was not passed. Second, the regression with Job Hindrance Demands predicting Burnout was conducted. The regression of Burnout on Job Hindrance Demands was *significant*, at F (2, 534) = 438.72, $p< .001$.

The results showed that Job Hindrance Demands was a *significant* predictor of Burnout, at B = 0.86, indicating that the second criterion for mediation was passed. Next, the regression with Job Hindrance Demands and Burnout predicting Work Adjustment was conducted. The regression of Work Adjustment on Job Hindrance Demands and Burnout was not *significant*, at F (3, 533) = 1.34, p = .262, suggesting that Job Hindrance Demands and Burnout did not account for a *significant* amount of variance in Work Adjustment. The results showed that Burnout was not a *significant* predictor of Work Adjustment when Job Hindrance Demands was included in the model, at B = -0.09, indicating that the third criterion for mediation was not passed. The results showed that Job Hindrance Demands was not a *significant* predictor of Work Adjustment when Burnout was included in the model, at B = 0.19, indicating that the fourth criterion for mediation was passed. Since items 1 and 3 were not met, mediation cannot be supported. **Hence, Burnout does not mediate the relationship between Job Hindrance Demands and Work Adjustment.**

Table 5-18: Mediation Results for H6a

Dependent	Independent	B	SE	t	P
Regression 1:					
Work Adjustment	Job Hindrance Demands	0.11	0.09	1.30	.193
Regression 2:					
Burnout	Job Hindrance Demands	0.86	0.04	20.95	< .001
Regression 3:					
Work Adjustment	Job Hindrance Demands	0.19	0.12	1.63	.103
	Burnout	-0.09	0.09	-0.99	.321

Regression 1: F (2, 534) = 1.70, p = .193, Regression 2: F (2, 534) = 438.72, p< .001, Regression 3: F (3, 533) = 1.34, p = .262

H6b: Burnout mediated the relationship between Job Challenge Demands and Work Adjustment.

First, the regression with Job Challenge Demands predicting Work Adjustment was conducted. Table 5-19 summarises the results of the mediation analysis of hypothesis H6b.The regression of Work Adjustment on Job Challenge Demands was *significant*, at F (2, 534) = 10.34, p = .001. The results showed that Job Challenge Demands was a *significant* predictor of Work Adjustment, at B = 0.22, indicating that the first criterion for mediation was passed. Second, the regression with Job Challenge Demands predicting Burnout was conducted. The regression of Burnout on Job Challenge Demands was *significant*, at F (2, 534) = 404.85, $p<$ .001. The results showed that Job Challenge Demands was a *significant* predictor of Burnout, B = -0.68, indicating that the second criterion for mediation was passed. Next, the regression with Job Challenge Demands and Burnout predicting Work Adjustment was conducted. The regression of Work Adjustment on Job Challenge Demands and Burnout was *significant*, at F (3, 533) = 9.77, $p<$ .001, suggesting that Job Challenge Demands and Burnout accounted for a *significant* amount of variance in Work Adjustment. The individual predictors were examined further. The results showed that Burnout was a *significant* predictor of Work Adjustment when Job Challenge Demands was included in the model, at B = 0.27, indicating that the third criterion for mediation was passed. The results showed that Job Challenge Demands was a *significant* predictor of Work Adjustment when Burnout was included in the model, at B = 0.40, indicating that the fourth criterion for mediation was not passed. **Since items 1, 2, and 3 were met, while item 4 was not, this further provides supports for partial mediation.**

Table 5-19: Mediation Results for H6b

Dependent	Independent	*B*	*SE*	*t*	*p*
Regression 1:					
Work Adjustment	Job Challenge Demands	0.22	0.07	3.22	.001
Regression 2:					
Burnout	Job Challenge Demands	-0.68	0.03	-20.12	< .001
Regression 3:					
Work Adjustment	Job Challenge Demands	0.40	0.09	4.42	< .001
	Burnout	0.27	0.09	3.01	.003

Regression 1: F (2, 534) = 10.34, p = .001, Regression 2: F (2, 534) = 404.85, p< .001, Regression 3: F(3, 533) = 9.77, p< .001

H6c: Engagement mediates the relationship between job resources and work adjustment

First, the regression with Job Resources predicting Work Adjustment was conducted. Table 5-20 summaries the results of the mediation analysis of hypothesis H6c. The regression of Work Adjustment on Job Resources was *significant*, at F (2, 534) = 67.96, $p<$ .001. The results showed that Job Resources was a *significant* predictor of Work Adjustment, at B = 0.94, indicating that the first criterion for mediation was satisfied. Second, the regression with Job Resources predicting Engagement was conducted. The regression of Engagement on Job Resources was *significant*, at F (2, 534) = 57.72, $p<$ .001. The results showed that Job Resources was a *significant* predictor of Engagement, at B = 0.69, indicating that the second criterion for mediation was satisfied. Next, the regression with Job Resources and Engagement predicting Work Adjustment was conducted. The regression of Work Adjustment on Job Resources and Engagement was *significant*, at F (3, 533) = 83.95, $p<$ .001, suggesting that Job Resources and Engagement accounted for a *significant* amount of variance in Work Adjustment. The individual predictors were examined further. The results showed that Engagement was a *significant* predictor of Work Adjustment when Job Resources was included in the model, at B = 0.47, indicating that the third criterion for mediation was satisfied. The results showed that Job Resources was a *significant* predictor of Work Adjustment when Engagement was included in the model, at B = 0.61, indicating that the fourth criterion for mediation was not satisfied. **Since items 1, 2, and 3 were met, while item 4 was not, partial mediation is supported.**

Table 5-20: Mediation Results H6c

Dependent	Independent	*B*	*SE*	*t*	*p*
Regression 1:					
Work Adjustment	Job Resources	0.94	0.11	8.24	< .001
Regression 2:					
Engagement	Job Resources	0.69	0.09	7.60	< .001
Regression 3:					
Work Adjustment	Job Resources	0.61	0.11	5.51	< .001
	Engagement	0.47	0.05	9.42	< .001

Regression 1: F (2, 534) = 67.96, p< .001, Regression 2: F (2, 534) = 57.72, p< .001, Regression 3: F(3, 533) = 83.95, p< .001

H6d: Engagement mediates the relationship between Personal Resources and Work Adjustment

First, the regression with Personal Resources predicting Work Adjustment was conducted. Table 5.20 summarises the results of the mediation analysis for hypothesis H6d. The regression of Work Adjustment on Personal Resources was *significant*, at $F (2, 534) = 91.91$, $p< .001$. The results showed that Personal Resources was a *significant* predictor of Work Adjustment, at $B = 0.69$, indicating that the first criterion for mediation was passed. Second, the regression with Personal Resources predicting Engagement was conducted. The regression of Engagement on Personal Resources was *significant*, at $F (2, 534) = 155.68$, $p< .001$. The results showed that Personal Resources was a *significant* predictor of Engagement, at $B = 0.68$, indicating that the second criterion for mediation was passed. Next, the regression with Personal Resources and Engagement predicting Work Adjustment was conducted. The regression of Work Adjustment on Personal Resources and Engagement was *significant*, at $F (3, 533) = 81.77$, $p< .001$, suggesting that Personal Resources and Engagement accounted for a *significant* amount of variance in Work Adjustment. The individual predictors were examined further. The results showed that Engagement was a *significant* predictor of Work Adjustment when Personal Resources was included in the model, at $B = 0.43$, indicating that the third criterion for mediation was passed. The results showed that Personal Resources was a *significant* predictor of Work Adjustment when Engagement was included in the model, at $B = 0.40$, indicating that the fourth criterion for mediation was not passed. **Since items 1, 2, and 3 were met, while item 4 was not, partial mediation is supported.**

Table 5-21: Mediation Results for H6d

Dependent	Independent	*B*	*SE*	*t*	*p*
Regression 1:					
Work Adjustment	Personal Resources	0.69	0.07	9.59	< .001
Regression 2:					
Engagement	Personal Resources	0.68	0.05	12.48	< .001
Regression 3:					
Work Adjustment	Personal Resources	0.40	0.08	5.18	< .001
	Engagement	0.43	0.05	7.83	< .001

Regression 1: F (2, 534) = 91.91, p< .001, Regression 2: F (2, 534) = 155.68, p< .001, Regression 3: F (3, 533) = 81.77, p< .001

5.4 The effect of control variables predicting Work Adjustment

In this section, a Hierarchical Multiple Regression Analysis was used to assess the effect of the control variables in predicting Work Adjustment. Before conducting the linear regression analysis, the Variance Inflation Factors (VIF) were calculated to detect the presence of multicollinearity between the predictors for each regression model (Yoo et al., 2014). Finally, hierarchal linear regression consists of the variables that are *significant* for the study and free from multicollinearity.

The results of the Variance Inflation Factors (VIF) are presented in Table 5-22. All of the predictors in the regression model have fewer than ten VIFs. Therefore, it was safe to progress to the Hierarchal Linear Regression analysis.

Table 5-22: Variance Inflation Factors for Each Step

Variable	VIF
Step 4:	
Gender	1.21
Age	2.03
Marital status	2.14
Level of education	1.38
Language	1.56
Burnout	3.03
Job Resources	1.99
Job Challenge Demands	1.98
Job Hindrance Demands	2.14
Personal Resources	1.66

Note: - indicates that the VIFs were not calculated since there were less than two predictors for the model step.

The results for the model comparisons are shown in Table 5-23. The hierarchical regression analysis results consist of model comparisons and a model interpretation. Each step in the hierarchical regression was compared to the previous step using F-tests. The F-test for Step 1 was *significant*, at $F(11, 524) = 6.64$, $p < .001$, $\Delta R^2 = 0.12$. This indicates that adding gender, age, marital status, level of education, and language explained an additional 12.24% of the variation in Work Adjustment. The F-test for Step 2 was *significant*, at $F(2, 522) = 12.54$, $p < .001$, $\Delta R^2 = 0.04$. This indicates that adding Job Challenge Demands and Job Hindrance Demands explained an additional 4.02% of the variation in Work Adjustment. The F-test for

Step 3 was *significant*, at F (2, 520) = 44.93, $p< .001$, $\Delta R^2 = 0.12$. This indicates that adding Job Resources and Personal Resources explained an additional 12.34% of the variation in Work Adjustment. The *F*-test for Step 4 was not *significant*, at F (1, 519) = 0.01, $p = .941$, $\Delta R^2 = 0.00$. This indicates that adding Burnout did not account for a *significant* amount of additional variation in Work Adjustment.

Table 5-23: Model Comparisons for the Variables predicting Work Adjustment

Model	R^2	df_{mod}	df_{res}	F	p	ΔR^2
Step 1	0.12	11	524	6.64	< .001	0.12
Step 2	0.16	2	522	12.54	< .001	0.04
Step 3	0.29	2	520	44.93	< .001	0.12
Step 4	0.29	1	519	0.01	.941	0.00

Note: Each step was compared to the previous model in the hierarchical regression analysis.

Table 5.23 summaries the result of the Hierarchical Regression Analysis for Variables predicting Work Adjustment. The 45-54 years age group *significantly* predicted Work Adjustment, at B = -1.35, t (519) = -4.53, p< .001. This indicates that, on average, a one-unit increase in the 45-54 years age group will decrease the value of Work Adjustment by 1.35 units. Marital Status Widowed *significantly* predicted Work Adjustment, at B = 1.11, t (519) = 2.52, p = 0.012. This indicates that, on average, a one-unit increase in Marital Status Widowed increases the value of Work Adjustment by 1.11 units. The High School diploma category of level of education *significantly* predicted Work Adjustment, at B = 0.62, t (519) = 3.75, p< .001. Based on this sample, this suggests that moving from the Bachelor's to High School diploma category of level of education will increase the mean value of Work Adjustment by 0.62 units, on average. The Other Language category of Language *significantly* predicted Work Adjustment, at B = -0.27, t (519) = -2.41, p = .016. Based on this sample, this suggests that moving from the Arabic to the Other Language category of Language will decrease the mean value of Work Adjustment by 0.27 units, on average. Burnout did not *significantly* predict Work Adjustment, at B = -0.01, t (519) = -0.07, p = .941. Based on this sample, a one-unit increase in Burnout does not have a *significant* effect on Work Adjustment. Job Resources *significantly* predicted Work Adjustment, at B = 0.64, t (519) = 4.38, p< .001. This indicates that, on average, a one-unit increase in Job Resources will increase the value of Work Adjustment by 0.64 units. Job Challenge Demands *significantly* predicted Work Adjustment, at B = 0.27, t (519) = 3.18, p = .002. This indicates

that, on average, a one-unit increase in Job Challenge Demands will increase the value of Work Adjustment by 0.27 units. Job Hindrance Demands did not *significantly* predict Work Adjustment, at B = 0.13, t (519) = 1.21, p = .226. Based on this sample, a one-unit increase in Job Hindrance Demands does not have a *significant* effect on Work Adjustment. Personal Resources *significantly* predicted Work Adjustment, at B = 0.39, t (519) = 4.54, p< .001. This indicates that, on average, a one-unit increase in Personal Resources will increase the value of Work Adjustment by 0.39 units. The results for the regression are shown in Table Table 5-24.

Table 5-24: Summary of the Hierarchical Regression Analysis for the Variables predicting Work Adjustment

Variable	*B*	*SE*	β	*t*	*P*
Step 4					
(Intercept)	0.17	0.68	0.00	0.25	.800
Gender Male	0.11	0.11	0.04	0.99	.322
Age 25-34 years	-0.39	0.22	-0.16	-1.80	.072
Age 35-44 years	-0.26	0.23	-0.10	-1.11	.268
Age 45-54 years	**-1.35**	**0.30**	**-0.27**	**-4.53**	**< .001**
Age above 54	-0.24	0.65	-0.01	-0.37	.711
Marital Status Married	0.01	0.23	0.00	0.04	.970
Marital Status Single	-0.32	0.25	-0.11	-1.28	.202
Marital Status Widowed	**1.11**	**0.44**	**0.13**	**2.52**	**.012**
Level of Education Higher Education	0.09	0.26	0.01	0.34	.734
Level of Education High School diploma	**0.62**	**0.17**	**0.15**	**3.75**	**< .001**
Language Other Language	**-0.27**	**0.11**	**-0.11**	**-2.41**	**.016**
Burnout	-0.01	0.10	-0.00	-0.07	.941
Job Resources	**0.64**	**0.15**	**0.23**	**4.38**	**< .001**
Job Challenge Demands	**0.27**	**0.08**	**0.17**	**3.18**	**.002**
Job Hindrance Demands	0.13	0.11	0.07	1.21	.226
Personal Resources	**0.39**	**0.09**	**0.22**	**4.54**	**< .001**

5.5   Structural Equation Modeling Analysis of the Theoretical Model

In this section, the Structural Equation Modeling (SEM) Analysis method was applied in the study to assess the relationships among multiple outcomes involving latent variables (Jöreskog, Sörbom and Magidson, 1979). This is a combination of two analyses, a) factor analysis, and b) multiple regression analysis. The SEM analysis approach was adopted through the use of the Partial Least Squares (PLS) method to identify the direct and indirect relationships for path modeling with the latent variables (Garthwaite, 1994; Tenenhaus et al.2005). All of the data were analysed using SmartPLS software version (3.2.7). The model of the study was analyzed by applying the two-step approach to the structural equation modeling (Anderson and Gerbing, 1988). Firstly, Confirmatory Factor Analysis (CFA) was tested in the first step to ensure whether a known factor can predict a set of observed data, and also the correlation between the factors, or the lack of such and to assess the discriminate validity and convergence of the measures (DeCoster, 1998). The results of CFA show that all of the measurement items on the scales were associated (see Table 5-25). Secondly, multiple regression analysis was applied to analyse the structural relationship between the measured variables and latent constructs.

The next step was to assess the structural model, including the evaluation of the regression coefficients between the validated latent variables. In this step, the regression coefficient algebraic signs, magnitudes, and significances should be tested to ensure the strength of the association between the latent variables. Henseler (2009) mentioned that the regression coefficients should exceed 0.1 to report the important impact within the model, while other authors argue that the regression coefficients must be significant at the 0.05 level (Efron and Tibshirani, 1993). Following Efron and Tibshirani on establishing significance, bootstrapping techniques were applied during the resampling.
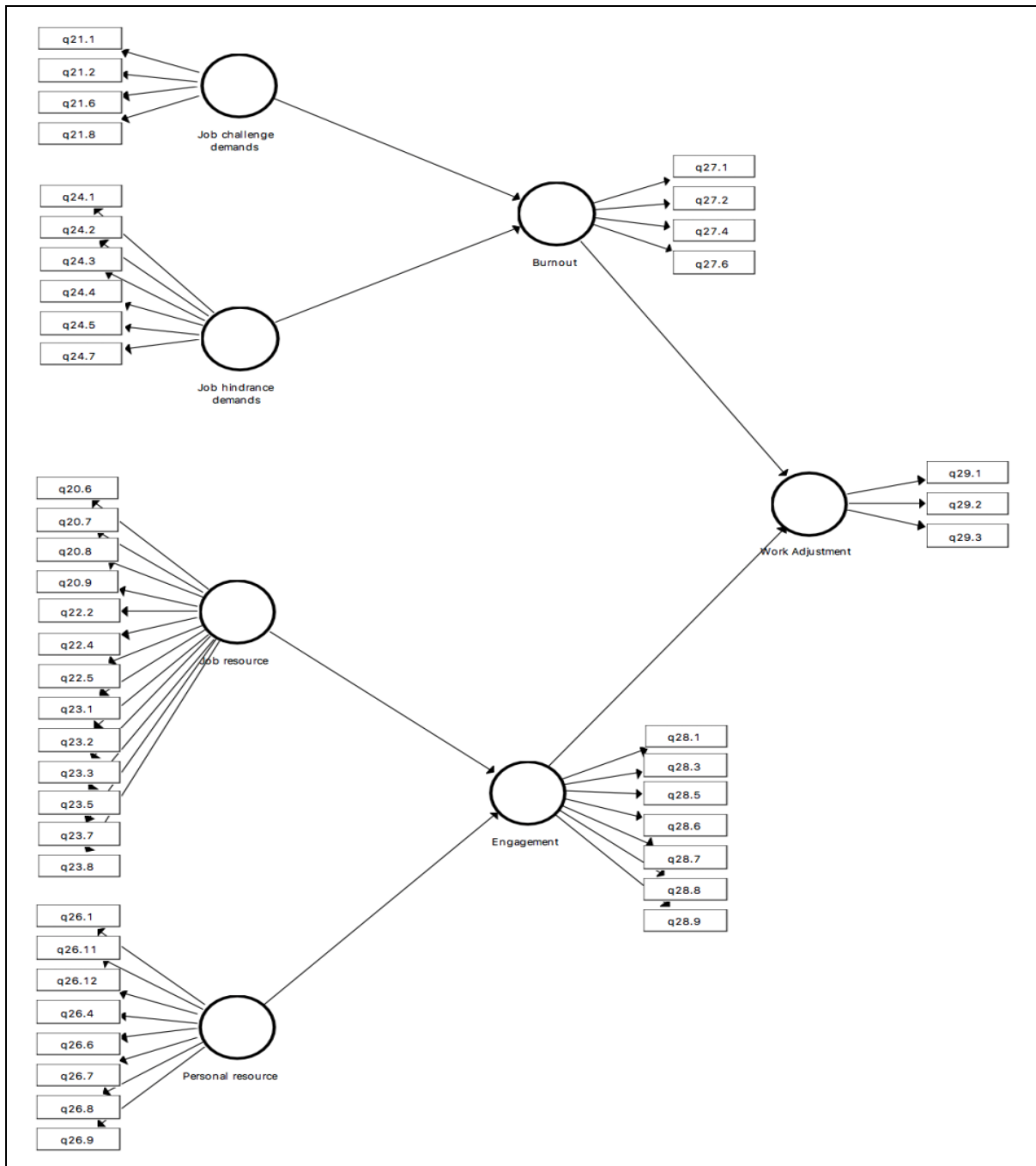
Figure 5-2 Research Model

5.5.1 Evaluation of the Measurement Model's Reliability and Validity

In order to ensure the quality of the research's reliability and validity, several tests were applied, since the study used different scales to measure theoretically different constructs. Mitchell (1996) outlines three types of methods for assessing reliability. In this study, the reliability was assessed by adopting the internal consistency approach, which was assessed using the Cronbach alpha. Then, following Blumberg et al.'s (2014) guide, the convergent validity and discriminant validity were established to test the validity and accuracy of the

model's measurements.

5.5.2   Internal Consistency Reliability

Step one was designed to check the "Indicator Reliability" which it look "outer loadings" in SmartPLS (see Table 5-25and Table 5-26 respectively). From the tables, it can see that all of the indicators have values that are larger than the minimum acceptable (the minimum value is 0.7), in case of exploratory research: 0. 4 or higher is acceptable (Hulland, 1999). In step two, Cronbach's alpha was used to measure the internal consistency reliability. Table Table 5-25 and Table 5-26 show that high levels of internal consistency reliability were demonstrated by all of the reflective latent variables.

5.5.3   Convergent validity

To check the accuracy of the model's measurement, discriminant validity was conducted following Blumberg et al.'s (2014) guidance. Firstly, the Average Variance Extracted of the latent variables was evaluated to check the convergent validity. As suggested by Bagozzi and Yi (1988) it should be 0.5 or higher. Secondly, following the suggestion of Fornell and Larcker (1981), to establish the discriminant validity, the square root of the Average Variance Extracted for the latent variable was calculated, and it should be for each latent variable greater than correlation among the latent variable. So the square root of the AVE was manually calculated and then added in Table 5-27, the Fornell-Larcker Criterion Analysis for Checking Discriminant Validity.

Table 5-25: Results Summary for the Reflective Outer Models

Latent Variable	Indicators	Loadings	Cronbach's Alpha	Composite Reliability	AVE
Burnout	Q 27.1	0.899	0.892	0.925	0.755
	Q 27.2	0.875			
	Q 27.4	0.839			
	Q 27.6	0.861			
Engagement	Q 28.1	0.814	0.921	0.937	0.683
	Q 28.3	0.900			
	Q 28.5	0.776			
	Q 28.6	0.882			
	Q 28.7	0.849			
	Q 28.8	0.877			
	Q 28.9	0.665			
Job Challenge Demands	Q 21.1	0.925	0.879	0.917	0.734
	Q 21.2	0.913			
	Q 21.6	0.767			
	Q 21.8	0.813			
Job Hindrance Demands	Q 24.1	0.874	0.848	0.888	0.572
	Q 24.2	0.826			
	Q 24.3	0.803			
	Q 24.4	0.633			
	Q 24.5	0.673			
	Q 24.7	0.697			
Job Resources	Q 20.6	0.610	0.922	0.933	0.517
	Q 20.7	0.701			
	Q 20.8	0.709			
	Q 20.9	0.632			
	Q 22.2	0.739			
	Q 22.4	0.729			
	Q 22.5	0.743			
	Q 23.1	0.751			
	Q 23.2	0.776			
	Q 23.3	0.739			
	Q 23.5	0.711			
	Q 23.7	0.764			
	Q 23.8	0.727			
Personal Resources	Q 26.1	0.782	0.926	0.939	0.661
	Q 26.11	0.820			
	Q 26.12	0.794			
	Q 26.4	0.655			
	Q 26.6	0.831			
	Q 26.7	0.889			
	Q 26.8	0.866			
	Q 26.9	0.843			
Work adjustment	Q 29.1	0.932	0.915	0.946	0.855
	Q 29.2	0.920			
	Q 29.3	0.921			

Table 5-26: Cronbach's Alpha Results Summary for Reflective Outer Models

	Cronbach's Alpha	Average Variance Extracted (AVE)
Autonomy	0.82	0.736
Burnout	0.925	0.755
Change in tasks	0.893	0.610
Cognitive Flexibility	0.894	0.611
Colleagues' support	0.898	0.662
Emotional Load	0.810	0.516
Engagement	0.937	0.683
Supervisor Support	0.884	0.744
Work Adjustment	0.946	0.855
Workload	0.917	0.734

From Table 5-25 and Table 5-26, it can be seen that all of the indicators' values are above the minimum acceptable level (0.4) and close to the preferred level of (0.7). Firstly, the Cronbach alpha measures the internal consistency reliability and shows high- level scores amongst all of the variables. Secondly, the Average Variance Extracted (AVE) was evaluated, to test the reflection of the overall variance in the indicators, and the average should be 0.5 or higher (Bagozzi and Yi, 1988). From Table 5-25 and Table 5-26, it can be seen that all of the AVE values are greater than 0.5, and this can confirm the convergent validity.

Thirdly, as recommended by Fornell and Larcker (1981), to establish discriminant validity, the square root of AVE for each latent variable should be calculated, so the square root of the AVE was calculated manually and added to the table that was created to test the criterion for checking discriminant validity through the Fornell-Larcker criteria analysis.

For example, the latent variable **Engagement** AVE is found to be 0.683 (from Table 5-26) hence its square root becomes 0.827. This number is larger than the correlation values in the column of Burnout (0.524 and 0.059) and also larger than those in the row of **Engagement** (0.130). Similar observation is also made for the latent variables **Job Challenge Demands**, **Job Hindrance Demands**, **Job Resources**, **Personal Resources** and **Work Adjustment**. Hence, the result indicates that discriminant validity is well established.

Table 5-27: Fornell-Larcker Criterion Analysis for Checking Discriminant Validity

	Burnout	Engagement	Job Challenge Demands	Job Hindrance Demands	Job Resources	Personal Resources	Work Adjustment
Burnout	**0.869**						
Engagement	-0.161	**0.827**					
Job Challenge Demands	-0.663	0.341	**0.857**				
Job Hindrance Demands	0.677	-0.071	-0.505	**0.756**			
Job Resources	0.390	0.434	-0.185	0.372	**0.719**		
Personal Resources	0.186	0.491	0.000	0.173	0.669	**0.813**	
Work Adjustment	0.008	0.455	0.126	0.032	0.423	0.396	**0.924**

5.6   Results of the Structural Model to measure the mediation effects from Burnout and Engagement

To check the inner and outer model, T-statistics were conducted through the use of Smart-PLS to test the significance using bootstrapping techniques to estimate the mediating effect (Cheung and Lau, 2008). More than 5000 times the original sample was acquired to obtain the bootstrap standard errors to get the significance of the T-values. The result of the bootstrapping was approximately the normality of data.

In PLS-SEM method, structural model's validity are evaluated within the strength of regression weights, t-values, p-values for *significance* of t-statistics, and the effect sizes of independent variables on the dependent variables.

As can be seen in Table 5-28 that Burnout and Engagement has a direct effect on Work Adjustment (t= 2.145, p = 0.032; t =11.535, p = 0.000 respectively) supporting hypothesis 5 and 6. While, Job Challenge Demands and Job Hindrance Demands has a direct effect on Burnout (t =13.033, p = 0.000; t =13.728, p = 0.000 respectively) which supports hypotheses 1 and 2. It is also observed that Job Resources and Personal Resources has a direct effect on Engagement (t =3.358, p = 0.001; t =5.855, p = 0.000 respectively) supporting hypotheses 3 and 4. All the p-values of the results of hypotheses were *significant*.

Table 5-28: Results of Hypothesis Testing (Research Model) – (Direct Effect)

	Original Sample (O)	Standard Deviation (STDEV)	T Statistics (|O/STDEV|)	P Values	2.50 %	97.50 %	Hypothesis
H1: Job Challenge Demands -> Burnout	-0.431	0.033	13.033	0.000	-0.492	-0.360	Supported (-)
H2: Job Hindrance Demands -> Burnout	0.460	0.033	13.728	0.000	0.399	0.528	Supported (+)
H3: Job Resources -> Engagement	0.192	0.057	3.358	0.001	0.076	0.304	Supported (+)
H4: Personal Resources -> Engagement	0.362	0.062	5.855	0.000	0.244	0.488	Supported (+)
H5: Burnout -> Work Adjustment	0.084	0.039	2.145	0.032	0.004	0.155	Supported (+)
H6: Engagement -> Work Adjustment	0.469	0.041	11.535	0.000	0.393	0.554	Supported (+)

The results from Table 5.29 shows that there is a direct effect of the mediation of Burnout to describe the relationship between Job Challenge Demands and Work Adjustment (t =2.121, p = 0.034) and between Job hindrance Demands and Work Adjustment (t =2.088, p = 0.037). It also show a direct effect of the mediation of Engagement to describe the relationship between Job Resource and Work Adjustment (t =3.256, p = 0.001) and between Personal Resource and Work Adjustment (t =4.749, p = 0.000).

Table 5-29: Results of Hypothesis Testing (Research Model) – (In-direct Effect)

	Original Sample (O)	Standard Deviation (STDEV)	T Statistics (|O/STDEV|)	P Value	2.50 %	97.50 %	Hypothesis
Job challenge demands -> Burnout -> Work adjustment	-0.036	0.017	2.121	0.034	-0.068	-0.002	Supported (-)
Job hindrance demands -> Burnout -> Work adjustment	0.038	0.018	2.088	0.037	0.002	0.075	Supported (+)
Job resource -> Engagement -> Work adjustment	0.090	0.028	3.256	0.001	0.036	0.147	Supported (+)
Personal resource -> Engagement -> Work adjustment	0.170	0.036	4.749	0.000	0.103	0.245	Supported (+)

Finally, the PLS model was measured in two phases: step one the outer (or measurement) model, step two the inner (or structural) model. As can be seen in figure 2, that the loadings are large and positive, which indicates that there is more shared variance between the variables (latent and manifest) than error variance (Hulland, 1999). Moreover, in the structural model, the positive association between the latent variables meant that any increase in the value of impacting on the latent variable will increase the value of the related endogenous latent variable.
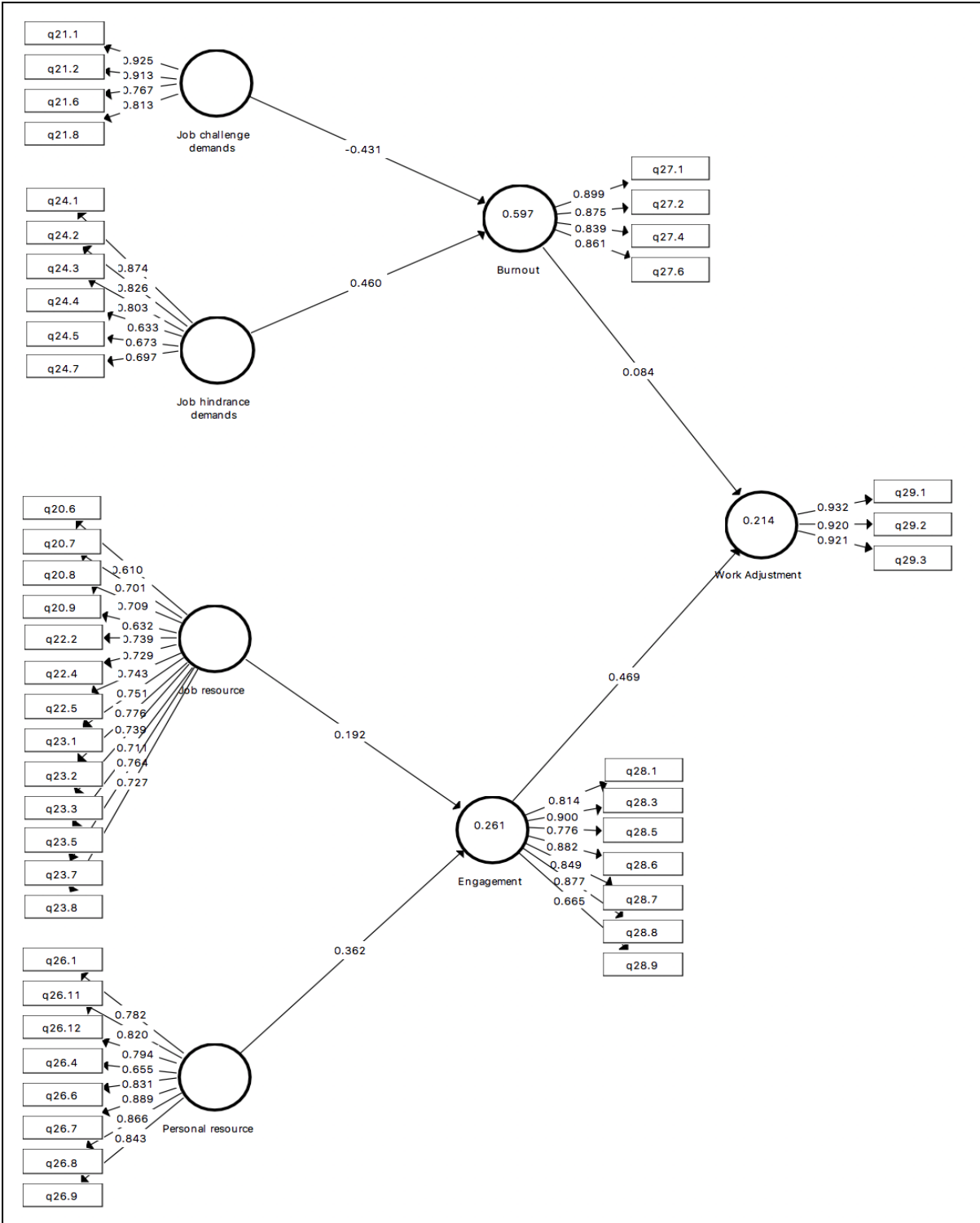
Figure 5-3: PLS estimates (loadings, regression coefficients and R-Square values)

5.7 Overview of Key Findings

This quantitative approach aimed to test hypotheses related to JD-R model particularly focusing international expatriates. The objectives of this study were to; focus on the relationship between jobs demands, job resources, burnout and work engagement among expatriate nurses in the Kuwaiti healthcare sector, identify the predictors that affect the work adjustment of expatriate nurses in the Kuwaiti healthcare sector, identify that burnout and engagement mediate between job demands and resources to influence adjustment, and identify the applicability of the JD-R model to investigating the job demands and resources and work adjustment of expatriate nurses in the Kuwaiti healthcare sector. The results of this quantitative study provide a new interpretation and understanding of how the variables related to job demands and job resource are mediated and related to work adjustment. Whereas, the traditional model shows a linear pathway suggesting that job demands and resources lead to burnout and work engagement. The current study looks at this in a slightly different way by exploring it as a mediation model. The overview of the hypotheses and their support can be seen in Table 5-29. Figure 5.3 depicts the mediation effect of Burnout and Engagement in JD-R model and provides an improvement over the traditional model of JD-R.

Regarding hypothesis 1, the perception of job demands and resources differs for the Kuwaiti and expatriate nurses. It was interesting to discover that there was a significant difference between the perceptions of job demands and resources of the local and expatriate nurses. The job hindrance demand of the expatriate nurses was about 0.55 point higher than Kuwaiti nurses, whereas, Job challenge demand of expatriate nurses was lower by 0.63 point than Kuwaiti nurses. These results are consistent with previous studies based in Kuwait. The study conducted by Al-Enezi et al. (2009) showed that expatriate nurses were more satisfied with their work compared to Kuwaiti nurses. An earlier study by Al-Kandari and Lew in 2005 also observed reluctance among Kuwaiti nationals regarding the nursing profession.

Regarding hypothesis 2, Job demands are associated with burnout. As noted in section 2.7 of the Literature review, a recent distinction has been made in the literature on the JD-R model between challenge and hindrance job demands (Crawford et al., 2010; Van den Broeck et al., 2010; Bakker and Sanz-Vergel (2013), while some studies have made no such distinction between job hindrance demands and job challenges as they argue that job challenge demands can be experienced as job hindrance demands based on the context (Bakker and Demerouti,

2017). Furthermore, the studies argue that demands can be considered as both hindrances and challenges (e.g., Searle and Auton, 2015; Webster, Beehr, and Love, 2011). In this study, job challenge demands are defined as workload and job hindrance demands are defined as emotional loads and changes in tasks. The results of the study show that a high level of challenge and hindrance demands result in an increased burnout. Thus the results of this study confirm those of previous research. It should be noted that there is less research carried out on exploring the different roles of challenge and hindrance job demands in the JD-R model on the relationship between job demands and engagement, but with contradictory findings.

Regarding hypotheses 3 and 4, Job and personal resources are positively correlated with engagement. The results show that Job and personal resources significantly predict engagement. The majority of the research findings provide clear evidence that personal resources have a positive association with engagement (e.g. Alarcon et al., 2009; Bakker and Leiter, 2010; Dikkers et al., 2010; Halbesleben, 2010; Mauno et al., 2007; Xanthopoulou et al., 2009a). It is taken for granted that personal resources have the potential to influence positively the way in which an individual employee interprets and reacts to the work environment (Judge, Locke and Durham, 1997). Understanding the factors that make employees more prone to developing burnout and engagement has normative implications for creating more positive work environments. In line with the findings of Brunetto et al. (2016, 2013), this study found that supervisor-nurse relationships have a positive impact on the nurses' perceptions of teamwork and self-efficacy, and that the expatriate nurses were more satisfied with their supervisors' appreciation and good behaviour. Also, the organizations would be considered increase job recourses by firstly increasing supervisor support followed by employees' cognitive flexibility through providing suitable training (Rittrie, 2013).

The results of hypotheses 5 and 6, that test the mediating role of burnout and engagement, were shown to be significant (please refer to Table 5-28 and Table 5-9). Furthermore, the results showed that there was a direct effect of mediation on burnout to describe the relationship between job challenge demands and work adjustment, and a direct effect of mediation between burnout and job hindrance demands and work adjustment. Also, the results show that there is a direct effect of mediation on engagement to describe the relationship between job resources and work adjustment. Moreover, there is a direct effect of mediation on engagement to describe the relationship between personal resources and work

adjustment.

According to the previous studies examining the mediating role of burnout and engagement (e.g. Bakker, Demerouti and Xanthopoulou, 2007; Nahrgang, Morgeson and Hofmann, 2011) the fundamental structure of the JD-R model will remain continuous throughout the samples despite the fact that differences exist regarding the method of data collection, the professional group and the variances in nationality (Llorens, Bakker, Schaufeli and Salonova, 2006). Since the results of this study found *significant* findings regarding the mediation test as shown in Table 5-29, these findings support and suggest that the JDR model is valuable for the expatriate nurses' work adjustment.

The results of the hypotheses testing, the research model in Table 5-28 and Table 5-29, the mediating role of burnout and engagement as described in Figure 2, indicate a direct effect on work adjustment. Job demands have significant effects on burnout and this impact of burnout has a significant effect on work adjustment, while job and personal resources have an effect on engagement which impacts on work adjustment. This is in line with the traditional model of JD-R perception, where job demands lead to burnout and job resources leads to engagement (Bakker and Demerouti, 2007; Bakker et al., 2004; Salanova and Schaufeli, 2008). The results of the present study support the mediating role of burnout and engagement through the effects of job demands, job and personal resources on burnout and engagement.

To conclude, in a recent study by Rattrie and Kittler (2014), they claimed that there should be leading models like the JD-R model to be used across different international work contexts. In light of the previous discussion and results of the study, it was found that the study had contributed towards filling the gaps by considering the vigorous association between work characteristics and work adjustment in Kuwait through applying the JD-R model to the expatriate nursing workforce.
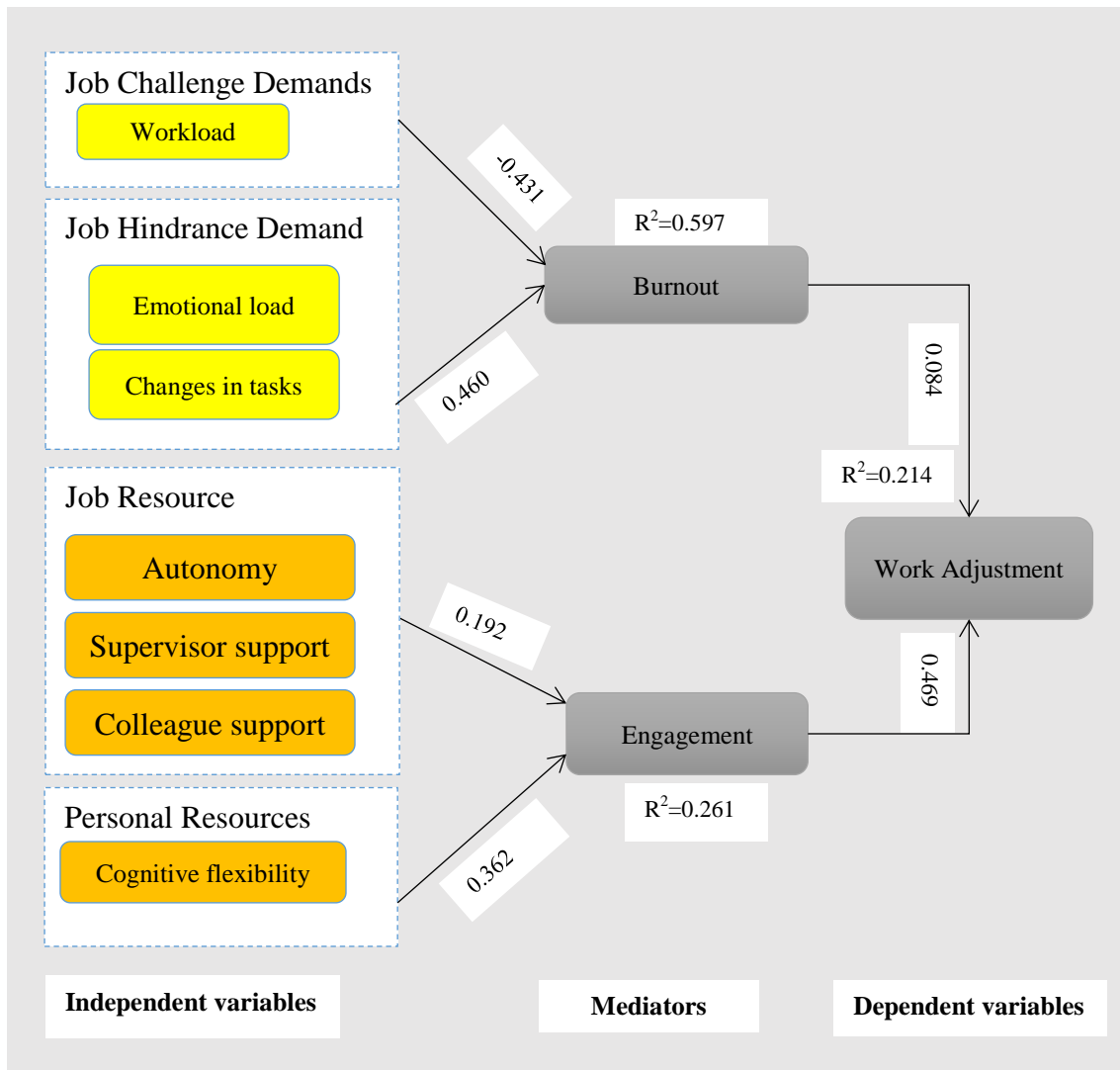
Figure 5-4: Extended Job Demand Resource Model (JD-R)

Chapter 6

6.1 Conclusion

In this chapter, I present an overall conclusion to the thesis. The first section will provide the essence of the findings and summary of the thesis (section 6.1), followed by an overview of the study limitations (section 6.2). Finally, the contribution of the study is presented (section 6.3).

6.2 Essence of the Findings

As was outlined in Chapter one section 1.2 and 1.3.1, it is useful to restate the aims of this study in order to highlight its contribution to the research on work adjustment within the context of an international expatriate workforce by focusing on a comparative case study of local and foreign cohorts of nurses in State of Kuwait. As such, the aim of this study is to investigate the application of the JD-R model to study international expatriate nurses and to find out if the job demands and job resources of expatriate workers in Kuwait's health sector, a country marked by high levels of expatriate workforces, differ from those of locals and how they impact on work adjustment. The challenge facing this study is, thus, to find out whether job demands and resources have a predictive value for work adjustment.

As discussed in the literature review (Chapter 2, Section 2.2), the rationale for choosing the JD-R model for this study was, firstly, this model attempts to overcome the limitations of earlier theories by offering an overarching, flexible and balanced model that considers the stress and motivation research traditions (Demerouti and Bakker, 2016; Bakker and Demerouti, 2007). It is one of the leading frameworks and has been applied as a conceptual framework in previous nursing studies (see Clausen et al., 2012; Laschinger et al., 2012; Moloney et at., 2017; Grover et al., 2018; Roelen et al., 2018; Van der Heijden et al., 2018). Secondly, this model was chosen because it incorporates many possible working conditions and focuses on both the negative and positive indicators of employee wellbeing (Bakker and Demerouti, 20017).

To understand the purpose of this study, the critical observation was made at the outset of the lengthy literature review (Chapter 2) that few studies have so far examined the link between the JD-R model and expatriate work adjustment. Given this deficit in the literature, the aim of

this study, therefore, was to make a theoretical contribution on how the JD-R model can be applied to analyzing and understanding work adjustment in the international work context. In order to do that, a comparative-empirical study of expatriate and local nurse workforces of Kuwait was undertaken.

Firstly, two empirical studies were conducted to assess the utility of the JD-R model in the international work context in this research (Chapter 3). First, a qualitative study was conducted (see section 3.5) that entailed interviewing 25 nurses working in public general hospitals in Kuwait. The aim of the qualitative study was to determine what the international expatriate and local nurses considered to be the most eminent predictors of burnout and engagement, and they were interviewed in an exploratory manner. The phenomenon was explored further to identify how it led the participants to feel about their work adjustment, which contributes to an increased understanding of any potential amendments to the JD-R model regarding the work context of expatriate nurses. The purpose of applying the JD-R model to this study was not to limit the flexibility of the model, but to assess its application to a particular context, in order to support its utility in an international context.

Expatriates were interviewed to obtain the interpretation of the respondents in the form of their thoughts and ideas, which confirmed the significance of interpretivism, which also followed some of the properties of social-constructionism. Thematic analysis approach was conducted for the data analysis by following the guideline provided by Braun and Clarke (2006). This analysis (Chapter 4) classified the importance of job demands, job resources and personal resources. The results suggested that the JD-R model is appropriate to use within the expatriate nurses' context since the research participants matched the principles and the categorisations of the model. Qualitative analysis identified a number of themes including a high workload, insufficient time, cultural demands in the form of relativism and acculturation, role conflict and emotional demands. Under personal and job resources, the identified themes were cognitive flexibility, autonomy, relationship with supervisors and colleagues and rewards. Table 4-1 provided the key themes identified form the interviews. Qualitative analysis also provided enhanced understanding of whether the job demands and resources of the expatriate nurses differ from those of the local nurses identifying a number of predictors that may affect the adjustment and engagement of expatriate nurses. The analysis shows that job demands, like the workload, time constraints and cultural characteristics situations, faced by the expatriate nurses have contributed to making them

more accustomed to their challenging and demanding workplaces compared to the local nurses. These jobs demands were found to have an influence on job resources such as relationships with supervisors and colleagues and rewards. For instance, the expatriate nurses, due to their better adjustment to the job demands and cultural adaptability, were considered more skilled and professionally committed than the local nurses, and therefore the expatriates became more 'sought-after' and more 'appreciated' by the hospital staff and supervisors. This is in conjunction with the recent development of JD-R research in the field of nursing, where the relationship between job demands, job resources and work engagement are investigated (see Khamisa et al., 2013; Jourdain and Chênevert, 2010; Kowlaski et al., 2010; Simpson, 2009). Cognitive flexibility, for example, appeared higher among the expatriate nurses compared to the locals, due to the fact that the expatriate nurses were subjected to cultural adjustment and acculturation, which enabled them to develop greater flexibility and be adaptive to job demands. Contrary to the findings of Moloney et al., (2017), none of the respondents included in this study showed any intention to leave their organisation, indicating their level of satisfaction, adjustment and engagement with work. It can be said that, in general, the results of the qualitative study supported the use of the JD-R model for the work adjustment of nurses in an international context.

Second, as shown in chapter three, a quantitative study was conducted to test hypotheses related to the JD-R model (see 3.7.and research objective 1.2) to find out if the job demands and job resources of expatriate workers differ from those of the locals and what impact this has on their work adjustment and identify the mediation model that burnout and engagement mediate between job demands and resources. The study attempted to investigate if, by applying a mediation model, work adjustment can be mediated by burnout and engagement. As explained in chapter three, a cross-sectional survey was collected from 536 expatriates and Kuwaitis, and data were collected on job demands, job resources, burnout, and engagement and work adjustment. The data were analysed by applying two approaches. Firstly, hypotheses were tested using an independent t-test to test whether the perception of job demands and resources differs for Kuwaiti and expatriate nurses (see 5.3.1). Also, a Pearson correlation analysis was then conducted, followed by a linear regression analysis, to check whether an association existed between different factors (see 5.3.2). The second approach was to conduct structural equation modeling to assess the theoretical model (see 5.5). This method was applied in the study to assess the relationships among multiple outcomes involving latent variables. Most of the hypotheses were supported in this study (see

Table 5-28 and Table 5-29). An overview of the hypotheses and their support can be seen in Table 5.28, together with the significant findings. There were significant findings regarding the mediation test, which are shown in Figure 5-3. These findings suggested that there was a direct effect of mediation on burnout to describe the relationship between job challenge demands and work adjustment, and a direct effect of mediation between burnout and job hindrance demands and work adjustment. Moreover, results indicated a direct effect of mediation on engagement to describe the relationship between job resources and work adjustment. There was also a direct effect of mediation on engagement to describe the relationship between personal resources and work adjustment. These findings can support and suggest that the JDR model is valuable for the expatriate nurses' work adjustment. It was also noted that the results of testing these hypotheses confirmed the following two things: (1) the strong effects of job demands (job challenge demands and job hindrance demands), and job resources on burnout and engagement respectively (see 5.3.4); and, (2) the mediating role of burnout and engagement between working conditions and work adjustment (see 5.3.6).

The used of mixed method was important since this study formulated a conceptual intervention model to understand the research dimensions (see 3.2). The results of the quantitative study support the finding of the qualitative study. The qualitative analysis showed that nursing in Kuwait is a highly demanding job with different levels of motivation for the local and the expatriate nurses. Job demands and resources are different for both the local and expatriate nurses. The analysis shows that job demands, like the workload faced by the expatriate nurses have contributed to making them more accustomed to their challenging and demanding workplaces compared to the local nurses (see 4.3). Similar findings were found in the Study 2. According to the Quantitative analysis of Study 2, there were significant differences between the perceptions of job demands and resources of the local and expatriate nurses (5.3.1). Job hindrance demands of expatriate nurses were found higher compared to Kuwaiti nurses, whereas, Job challenge demands of expatriate nurses was lower than Kuwait nurses. On the other hand, this study found that job resource was higher for expatriate nurses compared to Kuwaiti nurses. Nonetheless, there were no significant differences between the two groups with respect to personal resource. With respect to 'Job Challenge Demands', both quantitative and qualitative analyses found that high workload volumes were a negative aspect for the nurses. Quantitative analysis found that there was a significant negative correlation between Job Challenge Demands and Burnout (5.3.2). Interviews with the respondents explained that as nurses were subjected to high workload

levels and work pressures due to the insufficient employee numbers, both the native and expatriate nurses experienced physical and emotional exhaustion, which further led to job disengagement, demotivation and depersonalisation. Whereas, quantitative analysis suggested that as Job Hindrance Demands increase, Burnout also tends to increase (5.3.3). Qualitative interviews with the nurses explained that the incidence of role conflict and emotional demands shows how expatriate nurses experience increased emotional exhaustion, depersonalisation and low personal accomplishment as they are not provided sufficient organisational facilities. Thus, the nurses feel emotionally deprived, which hampers their mental state. Overall, considerable job challenge and hindrance demands exert more physical and emotional exhaustion on both the native and expatriate nurses resulting in job disengagement, demotivation and depersonalisation.

Quantitative study found that Job and personal resources are positively correlated with engagement (see 5.3.3). The results showed that Job and personal resources significantly predict engagement. Qualitative analyses provided a deeper insight into this aspect (see 4.6). According to the interview data, even though the respondent nurses all appeared to be highly skilled and qualified and appreciated by their supervisors for their hard work, they did not have any discretional autonomy at work. Most of the literature (Thiel and Delden, 2001; Weston, 2008) argue that autonomy brings about the best nursing practice for the patient. Yet, according to the interview responses gathered for this study, the understanding of and reference to autonomy among the nurses was somewhat insufficient, which altogether limits the interpretation of autonomy in the context of job resources. However, supervisor-nurse relationships have a positive impact on the nurses' perceptions of teamwork and self-efficacy, and that the expatriate nurses were more satisfied with their supervisors' appreciation and good behaviour. Nonetheless, for some participants, the lack of organisational support in addressing the acute shortages of skilled nurses has resulted in dissatisfaction, since they indicatively associate their high workloads with their supervisors' actions (see 4.6).

Therefore, the results extend applicability of the D-R model to expatriate nursing workforces and the mediation model suggests new relationships between the key variables within the theory. It suggests that steps to ameliorate or prevent burnout, for instance, by reducing job challenge and hindrance, should also benefit work adjustment. Similarly, steps increase engagement by increasing job / personal resource, should also improve adjustment. It is

generally assumed that the above hypotheses and results will be confirmed as a result of the comparative-empirical inquiry that will form part of future studies (see 5.7).

6.3   Limitations of the Study

Limitations are an opportunity to show scholarliness, from experience, it seems limitations are often seen as weaknesses of the research or the researcher or both. Instead, the approach here is to look at these as scholarly qualifications for argument and evidence with implications for the interpretation of the meaning of the results and for attempts to make further progress or to change direction.

Several limitations may have affected the study despite the best efforts of the researcher to avoid or overcome limitations. Indeed some limitation may be seen as unavoidable; nevertheless, limitations can provide guidelines for future study.

In terms of the sampling, it has been noticed that, in both studies, the participants tended to be female. For example, the interviewees who participate in the study were mainly female, with 18 out of the 25 participants (see 3.5.1). Similarly, in the survey (see 5.2.1), the most frequently observed category of gender was female (n=375, 70%). These proportions reflect the general composition of the workforce but it may be possible that gender might have an influence on environmental work adjustment. Many previous studies have pointed out the importance of gender in the Middle East and the need for further research on the experiences of gender of expatriates in this context (Hutchings et al. 2010, Harrison and Michailova 2012). From this point, the finding of the studies may stimulate more studies on the gender explicit experience of nurses both within the state of Kuwait and internationally. Historically, in the nursing profession, male nurses have been a minority and females nurses have tended to outnumber male ones, even though male nurses have always worked in difficult units, like military services and detention centers (Davies 1980, Mackintosh 1997). Despite the increase in the number of male nurses, several studies have shown that male nurses resign from the nursing profession four times more compared with females, especially after four years of working in nursing profession (Sochalski 2002). The workforce composition in NHS (UK) highlights the same trends as 77% of the NHS Nursing workforce is mainly female (NHS Employers 2018). However it remains a limitation that the results may be influenced by the gender composition. Nevertheless, exactly how gender influences JDR and work adjustment

is less clear from these results and it is beyond overall scope of the project, but it does open up another research opportunity especially in the gender sensitive context of Kuwait and similar countries.

There were also other limitations regarding the type of hospitals included in this study, as the study included only nurses working in public general hospitals and did not include any nurses from private hospitals. Many studies have shown that nurses who work in private hospitals have different perceptions regarding the ethical climate. Bahcecik and Ozturk (2003) in their study conducted in private and public hospitals in Turkey, reported significant differences between the nurses' perceptions depending on the type of hospital concerned, and that the nurses working in the private hospital were more positive than those working in the public hospital. Hence, private hospital organizations create their own policies by giving importance to ethical behaviors. The finding is similar to Coetzee et al., (2013) study conducted in South Africa nurses practice environment argued that private hospital nurses reported more positive outcomes than public hospital nurses, suggesting that 59% of nurses who worked in the public hospital intend to leave within the next year because of job satisfaction and 71% nurses rate environment in public hospitals as poor. Although the context of Kuwait is itself a justification for the research as less research has been carried out in the this context, yet, it is risky to assume that public sector nurses in Kuwait are the same as all or even any other countries. Hence, the results of this study should be interpreted with caution as they cannot be generalized to the private sector. However, it is safe to assume the results at least tentatively suggest what may be found elsewhere but confirmatory studies are highly desirable. This limitation presents challenges but at the same time also highlights the need for further study in future to better understand the role of such context on JD-R model.

There are several limitations to the thesis as a whole. There were some inconsistencies between the studies (qualitative and quantitative) but addressing them lay outside the scope of the PhD, however, it also presents an opportunity for future study to further develop an internationalized JD-R theory be applied more appropriately to understand the management of burnout and engagement. For example, the qualitative study identified the role of cultural demands (cultural relativism and acculturation) as an important challenge (see 4.3.3), however, it was not assessed in the quantitative study mainly because cultural demands were

not the focus of this study. Moreover, the researcher did not find an appropriate measurement tool that had been previously validated, and developing such a scale would have demanded an excessive amount of time which could have affected the time period of this PhD study. Nonetheless, this was beyond the scope of this study. However, future studies should explore the role of culture on JD-R model. Notwithstanding the limitations, the researcher feels assured that the findings of the study make a positive contribution to the phenomenon under investigation.

6.4 The Study's Contribution

As show in chapter one section 1.1.1, in a context characterised by increasing international mobility and increasing numbers of nurses working outside their home countries, this study introduced the application of the JD-R framework and the concept of work adjustment to nursing in an international context. The qualitative and quantitative data analysis techniques used for the analyses generated several interesting findings that are unique in nature and have not been identified by the extant studies. This provides future researchers with an excellent opportunity to use the same or similar data analysis techniques to see whether similar results can be obtained or replicated in countries within this context. In this regard, this study may represent a platform for future researchers to study the work adjustment of expatriate workforces in other occupational sectors.

Theoretically, to extend the knowledge of the development of the JD-R model, this study applies the JD-R framework and the concept of work adjustment to nursing in an international context, to investigate the job demands-resources and work adjustments of an international expatriate workforce in the healthcare sector of a developed country (see chapter 2, section 2.5). That makes it useful because it is a transferable model. The study thus contributes to the literature gap in the model and empirical studies on employee work adjustment (Wilcox and Kittler, 2011).

The findings of this study, firstly, confirmed that the JD-R framework can indeed successfully be applied to examine the job demands-resources and work adjustment of expatriate nurses. The differences found between local and expatriate nurses may be repeated elsewhere in the world. However, at the same time, this opens up new opportunities for future investigations to explore whether the model can be applied to other workforces involving

healthcare professionals. This study focused on nurses, but would it also work with doctors? Is it possible to see similar patterns or is the model purely a product of the professional culture of nursing? Another step is to attempt to use the model in other contexts to see if similar results can be obtained and replicated, and what might be discovered; for instance, it could be used in other countries within regions like Saudi Arabia.

Secondly, the mediation model is the main contribution. It is a new interpretation and understanding of how the variables related to job demands and job resources are mediated and related to work adjustment, where the traditional model shows a linear pathway, where job demands and resources lead to burnout and excessive work engagement. The current study looked at this in a different way by exploring it as a mediation model and with its implication.

Thirdly, this study used a combination of exploratory and descriptive approaches for its qualitative analysis, and an explanatory approach for the quantitative analysis. Thus, the mixed method approach provides different types of suggestions, leading to a more context-specific interpretation and result. In its exploratory approach, the different job demands and resources faced by expatriate and local nurses respectively in real terms were explored, while the descriptive part described in what ways the JD-R model is applicable to the study of international expatriate nurses.

Finally, with regard to practical implications, the researcher believes that the findings of this empirical study suggest that the JDR model offers a valuable tool for managing burnout and engagement in international workforces, especially with regard to expatriate work adjustment. Nurse management should focus on managing the demands and resources available to nurses in order to manage their work and respond to their specific needs. This requires an understanding of the demand and resources.

The findings of this study recommend that job demands and resources may play a different role depending on their impact on engagement and burnout. For nurse management, if the demands exceed the resources, the nurses become sick and will be unable to work, but if the resources exceed the demand, the nurses will be highly motivated, highly engaged and the quality will improve. This means that reducing the demands will decrease nurses' level of

burnout and exhaustion that will indirectly affect the increase in the level of the organization's commitment. For instance, increasing job resources such as autonomy and supervisor support in the job are crucial in leading to high engagement and decrease burnout. Moreover, by considering the impact of burnout and engagement, this will increase the commitment directly and lead to work adjustment. Hence, from a managerial viewpoint, it is important to invest in job resources (i.e., stimulating employee motivation) that will pay off and also focus on reducing the job demands (i.e., slowing down the health impairment process). This means that human resource management policies should focus more on a positive approach to motivating and strengthening the employees.

Based on the findings of the qualitative study (see chapter 4. Section 4.5.1, p. 108), cognitive flexibility was a significant personality characteristic among expatriate employees. In this context, cognitive flexibility was found to be at a high level amongst the expatriate nurses compared to the indigenous nurses, perhaps due to the expatriate nurses having been subjected to cultural adjustment and acculturation, which enables them to develop greater flexibility and be adaptive to the job demands. JDR theory supports the idea that personal resources are significant in the development of engagement and burnout, however it is important to focus on the right personal resources in order to achieve the right intervention for a particular context. Organizations are interested in creating work conditions that ensure a high level of psychological engagement among their employees. This would mean that the organization must focus on employing nurses with a high level of cognitive flexibility and offering training to improve their cognitive flexibility. Offering this training to get the most out of the interventions would be advantageous. This will enable the employees to deal with the demands related to cultural differences and help the employees to achieve a positive work relationship with their patients and colleagues from other cultures and embrace cultural adaptability. In the line with this, the nurse management should believe that the type of job characteristics are very important and have different impacts, as perceived by the nurses from different cultural backgrounds. Hence, organizations managing different cultures might gain an advantage by allocating highly demanding jobs to these cultures.

Generally, the results of this research study support set activities that help organizations to ensure the high physical and emotional participation of their international and national

employees. Many studies have shown that the work environment promotes job engagement (Bakker and Demerouti, 2008; Bakker et al., 2012). This means that organizations, in order for their expatriate employees to achieve positive work outcomes, must support their staff with adequate job resources; for example, the development of skills variety and organizational support (Schaufeli and Salanova, 2007; Sonnentag et al., 2012).

Finally, besides expanding the theoretical knowledge, the findings of this study may also be helpful to the Kuwaiti hospital authorities, Ministry of Health personnel, and policy makers. This study examined Kuwait's nursing workforce, with a specific focus on its expatriate component. This enabled it to cover several aspects of the current nursing culture of Kuwait: for example, to determine how expatriate nurses feel about their work or how they feel when at work; which may subsequently help the Kuwaiti authorities to take measures to attract and retain competent and qualified nurses and create work conditions that promote and sustain employee motivation and wellbeing. The researcher has contacted the authorities in health sector of Kuwait and in response to their initial interest, the researcher plans to submit a short report containing key findings of this study to the ministry of Health in Kuwait. This would help them to understand that besides attracting expatriate nurse with high qualification to work in Kuwait, they need to provide them with a congenial work environment.

Overall, the main contribution of this research is an increased awareness that the JD-R model could be suitable for assessing international expatriate workforces or international work contexts. Different methods may be required.

The End.

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Appendix 1: Letter of Consent

UNIVERSITY *of* STIRLING

Dear (Participant's):

I am conducting research project as part of my Doctoral degree in the Department of (Management, work and organization school) at the University of Stirling. Currently, I have been investigating how Work Adjustment Amongst expatriate and Local Nurses in Kuwait can be designed in order to achieve more positive outcome with respect to enhanced work adjustment related issues.

I would like to provide you with more information about this project and what your involvement would entail if you decide to take part.

Participation in this study is voluntary. It will involve an interview of approximately 30 to 55 minutes and is very informal. You may decline to answer any of the interview questions if you so wish. Further, you may decide to withdraw from this study at any time without any negative consequences by advising the researcher. With your permission, the interview will be tape-recorded to facilitate collection of information, and later transcribed for analysis. All information you provide is considered completely confidential. Your name will not appear in any thesis or report resulting from this study. There are no known or anticipated risks to you as a participant in this study.

I would like to assure you that this study has been reviewed and received ethics clearance through the Research Ethics Review Board at the University of Stirling. However, the final decision about participation is yours.

I hope that the results of my study will be of benefit to those organizations directly involved in the study, other voluntary recreation organizations not directly involved in the study, as well as to the broader research community.
I very much look forward to speaking with you and thank you in advance for your assistance in this project.

Sincerely,

Hayat Ali
PhD Researcher
Management, Work and Organasation Division

Appendix 2: Consent Form

UNIVERSITY *of* STIRLING

Title of research project:

Work Adjustment Amongst Expatriate and Local Nurses in Kuwait

A Comparative Investigation using the JD-R Model

Researcher Name:
Hayat Ali, PhD Researcher. Management Work and Organasation Division.

1. I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.
3. I agree to take part in this study.
4. I agree to interview being audio recorded.
5. I agree to the use of anonymised quotes in publications.

Name of participant   Date   Signature
Hayat Ali (researcher)   Date   Signature

Appendix 4: Overview of Semantic themes identified for expatriates and local nurses in the interviews.

Interviews themes

1. The Job Demands is broken down into two types: a) Job Challenge Demands b) Job hindrance Demands.

1.1 Job Challenge Demands a) Workload:	
I do not like that we are forced to give a lot and supervisors always accept us to be fine with whatever task is given to us. This might result in us facing workloads and extra tasks I am always left with no energy by the end of work hours as I fully consume my physical and psychological strength throughout my job	(Participant 1)
In the hospital, life is very challenging and stressful. I love working in the hospital and I do find it easy to make friends especially with other expatriates. But the workload is insane compared to the time given to us everyday Being low in energy will decrease my ability to achieve through out the day as my job not only requires mental work but also physical and psychological work	(Participant 2)
Overtime and extra shifts eventually lead to gradual stress development, which is then shown in my personal life out of work Sometimes being under stressful shifts could make me very sensitive and lose my temper on any thing, which is automatically reflected on my life I think we are paid a not very bad amount of money. But compared to some private clinics, it might be less especially all the amount of work that we go through	(Participant 3)
One time I had to take a permission to leave work in order to go to my daughter's school for a seasonal festival. I was not given that permission, as there were no other nurses available to take over on that day Being stressed out constantly makes me tired, which exhaust my head and body. This does not create any more motivation for me personally as it does for other people. It puts me down and makes me want to quit	(Participant 4)
In the hospital, life is very challenging and stressful. I love working in the hospital and I do find it easy to make friends especially with	(Participant 5)

other Stressful jobs and workload specially when became to short of nurses and extra duties	
Sometimes physical consumption might lead to gradual energy loss which leaves me with no choice but to cancel my other daily plans.	(Participant 6)
I think not having enough energy exhaust your mind before your body, which means that you cannot function very well and cannot do your tasks in good manners	(Participant 8)
I am a single man who has other interests that include physical activity and sport. The job demands are not serving me on that point as most of my energy goes on the on work and the overtime periods	(Participant 9)
Absolutely, the work- load is very exhausting and wastes energy in a way that I do not get to do any activity with my kids later on	(Participant 12)
Most of the time I leave work with a busy mind and less energy, which is very challenging, as I would love to do other things during my day, but cannot	(Participant 14)
The full consumption of my energy at work makes me feel dead and cannot cope with any other task. Not even at home for my husband and children"	(Participant 20)
Also working as nurse is challenging on one's physical body. Due to the fact that we spend most of our time on tour feet, walking along the wards, and after the end of the day we problems with backs and joints	(Participant 22)
Working in hospital is more stressful thank clinic work, high demands and workload always. Your shifts are totally dependent on your coworkers and sometimes in your patients. Sometimes being too busy with your work you will miss the lunch breaks	(Participant 23)

1.1 Job Challenge Demands
b) Time Pressure:

I am a single mother of three. I wish I could give my kids as much time as possible but according to my work and the stressful times, I can barely spend time with them as they always stay at my parent's house in my absence	(Participant 12)
Sometimes, I am forced to stay in for extra working hours, which prevents me from giving much time to my house and kids	(Participant 13)
Most of the time I leave work with a busy mind and less energy, which is very challenging, as I would love to do other things during my day, but cannot	(Participant 14)

There was a definite workload and sudden shifts that would extend until late hours	(Participant 17)
I dislike when there is short staffing, there will not be enough time even to have a short break. I can't complete the same duties when instead of five nurses we have two. I can't be in every single room at the same time but its expected of us. We rush around trying to get everything done and keep every patient safe	(Participant 22)
I'm married woman living with my husband, my husband also working at the hospital. He understands my situation but of course our working hours are different. Sometimes, it's compulsory to stay in for extra working hours, which prevents me from giving much time to him	(Participant 24)

1.1 Job Challenge Demands
c) Cultural demands:

It is very different than back home and I was aware of that. Kuwait is beautiful and easy to get adapted to. But sometimes in many cases I feel the difference in the customs and traditions. There is a big culture difference between the two countries like that I am very appreciated by supervisors and other staff because of being an expatriate which they find better and more knowledgeable compared to locals	(Participant 1)
Kuwait has a beautiful culture. Sadly, it differs a lot than mine, which might create some misunderstanding in and out of work	(Participant 2)
I can say that the only thing that always bug me in the culture difference and that is the human nature. People hardly ever adapt quickly to a very new environment with other language and religion	(Participant 4)
I just fund it very hard to adapt to a new environment due to the big cultural difference being the tradition and the religion	(Participant 5)
"People hardly ever adapt quickly to a very new environment with other culture and religion'. I was actually born in Kuwait but was always treated as a foreigner in the hospitals, especially by the locals…I am very used to their traditions and culture but find it hard to cope sometimes Any human being would definitely feel the same when put in a different environment I just find the cultural and background differences very annoying and raises misunderstanding all the time	(Participant 6)

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I was actually born in Kuwait but was always treated as a foreigner in the hospitals, especially by the locals…I am very used to their traditions and culture but find it hard to cope sometimes Any human being would definitely feel the same when put in a different environment I just find the cultural and background differences very annoying and raises misunderstanding all the time	(Participant 7)
There are many different habits and traditions. So, changing from what I am used to living to a whole new life was and still is very hard	(Participant 20)
A culture difference was very difficult in the beginning especially at the work. It was my first experience to work abroad. People came from different background with different thought	(Participant 22)

1.2 Job Hindrance Demands;

1. Role Conflict

All members of the medical staff suggest different opinions and orders which make us wonder who to follow and for what reason	(Participant 2)
We get confused over some actions as we are not supposed to treat the patient until we get orders from the doctor	(Participant 15)
We have vast number of information but with someone directing us to take actions different than what we have in mind are crucial	(Participant 22)
Following what the doctors and the higher powered position is a must which sometimes lead to a conflict in opinions and thoughts resulting in confusion and lack of confidence	(Participant 23)
Bombarding with sudden shifts and the unavailability of enough staff	(Participant 3)
We cannot prescribe medications and suggest any type of analysis unless instructed by the doctors	(Participant 11)
Trying to explain the role of a nurse in just a few words can be quite a challenging task. Nurses have a very complex job that requires running several responsibilities at the same time. We balance a multitude of tasks for many patients at once; going from managing care with the medical groups and associated health	(Participant 25)

1.2 Job Hindrance Demands;

2. Emotional demands

Many times I feel burnout, hence, stress develops gradually making me impatient and intolerant. High Job demands affect me physically and mentally	(Participant 22)
Sometimes you cannot control your self because you are burned and very tired from the work	(Participant 23)
Many times I encounter with high work demands especially in Christmas time, I can't enjoy this time with my friends in Kuwait. This found me to be challenge mentally	(Participant 23)
My life as a nurse in the hospital is quite stressful most of the time. Regardless of how many breaks each nurse takes, stress and underestimation fills the hospital's air	(Participant 3)
Sadly, I am always busy trying to be committed to my work and not to make any mistake of any kind. I am rather always nervous and stressed although work can be fun sometimes	(Participant 4)
One time I had to take a permission to leave work in order to go to my daughter's school for a seasonal festival. I was not given that permission, as there were no other nurses available to take over on that day. I was very stressed and angry and my daughter was disappointed	(Participant 4)
Being stressed out constantly makes me tired, which exhaust my head and body. This does not create any more motivation for me personally as it does for other people. It puts me down and makes me want to quit	(Participant 4)
Sometimes being under stressful shifts could make me very sensitive and lose my temper on any thing, which is automatically reflected on my life	(Participant 9)
I experience many bad times at work due to insufficient appreciation and motivation from the supervisors besides a lot of energy consumption episodes throughout work though it is sort of fun and interesting but sometimes there is not any co-operation and team work spirit amongst nurses which affects me personally in many terms	(Participant 11)
That's due to being under pressure sometimes and being asked to do several tasks at once, which makes me very nervous and plays with my manners"	(Participant 13)
I dislike when you face patients at their most weak. It can be downright emotionally demanding	(Participant 24)

At the begging I was very comfortable with my supervisor. It may not survive the later demands and critical assessment of your work. I was expecting from him emotional support and he never encourage me during the workload	(Participant 25)
I think I am flexible in term of adapting the culture and I am very cool with others	(Participant 8)
I also love to communicate with people, which I find very challenging, as some patients cannot understand me	(Participant 1)
I always refer to my friends and colleagues that I have a good relationship with. I would break the routine, play a game or have a laugh! Then I would put my energy on work and try to achieve more and be more productive	(Participant 7)
I try to communicate with others and have little chats to break the routine	(Participant 19)
I keep in mind that this is a very useful time for me to learn and grow, so, stress is nothing but a blessing for me	(Participant 1)
Being continuously stressed out leaves me very depleted and low in energy which exhaust my mind and body	(Participant 15)
By always being positive and by making multiple relations with the surrounding	(Participant 7)

2. Resources:

2. The Job resources are broken down into two types:

a) Job resources b) personal resources

1. Personal Resources:

Cognitive Flexibility

I believe that I can inspire other people. I think it is smart to be flexible with other	(Participant2)
Although there was a lots of challenges in the work but I was ready to adopt the new environment	(Participant 22)
I'm always positive person who looks to the difficult things in a positive way, When I'm angry or upset I take time to calm down a bit before I reply	(Participant 24)
I try my best in busy environments to keep myself cool, keep everything organized. I'm flexible person at the work and always positive	(Participant 25)
I think I am flexible in term of adapting the culture and I am very cool with others	(Participant 8)
Being nice, open and friendly to discuss and talk to	(Participant 1)
also love to communicate with people, which I find very challenging, as some patients cannot understand me	(Participant 1)
I like that I can help people and draw a smile on their face everyday. And I like that I can talk and communicate with different people and learn about them and their backgrounds	(Participant 7)
I arrange my time and improve my performance to match my working routine	(Participant 4)
I try my best in busy environments to keep myself cool, keep everything organized. I'm flexible person at the work and always positive	(Participant 25)
I keep having faith in my abilities and try my best to settle mentally and physically	(Participant 5)
I enjoy my work and love it very much	(Participant 7)
Being very positive, very giving and very caring. I find positivity makes everything better and makes hard time easier	(Participant 7)
I always refer to my friends and colleagues that I have a good relationship with. I would break the routine, play a game or have a laugh! Then I would put my energy on work and try to achieve more and be more productive	(Participant 7)

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I keep reminding myself that all good things would pay off and if the supervisors are not appreciating my work at least I am still capable to learn and develop my skills on my own	(Participant 9)
I try my best to create a helping environment for myself in order for me to co-operate with the workload and to be friends with the surrounding as much as possible	(Participant 11)
I always keep in mind that stress sometimes helps us to achieve more and be more productive in work besides. And I try my best to be multi-tasked and do multiple things at once to finish my work on time	(Participant 11)
I usually get away from work for a very short while, take a deep breath and reset my mind on being enthusiastic and positive	(Participant 15)
I love being able to meet new people with new stories everyday and communicate with them	(Participant 17)
I always remember that I am a good, qualified nurse who can pull herself together and carry on with her job	(Participant 17)
I think I'm a flexible person and I can adjust easily with all challenges in my job. I never say no for many things specially	(Participant 23)

2. Job Recourses:

1. Autonomy

Nurses do not have the authority to make the decisions and to place actions upon them	(Participant 18)
I do not like that we are not allowed to treat the patients and take the doctor's role even in their absence	(Participant 19)
A nurse once revealed the bitterness of autonomy in describing a situation of a patient that was almost dying in the absence his doctor, he needed help but she was obliged not to take action, which is sad and depressing	(Participant 20)
We are the closes members of the medical staff to the patients and we do know exactly what type of care they need. We are always available and on call. So putting limits and forcing us not to take actions in dangerous and severe situations is very unfair	(Participant 17)

2. Relationship with Colleagues

I do not like how local nurses treat me sometimes and find it hard to communicate and be friends with them	(Participant 17)
When you work in a challenging environment with somebody and you have the same values, it adds an extra dimension to the friendship. My colleagues became in the present time my best friends	(Participant 23)
My relationship with my colleagues and supervisors are both good. I try my best to benefit from nurses with higher state of achievement and longer times of experiences	(Participant 1)

I dislike the difficulty of understanding between some members of staff especially the locals. Communication for me is a two-sided weapon in which it might be beneficial as it helps to know more about people and can be hard as it raises complications in explaining myself	(Participant 15)

3. Supervisor Support

In (+) positive way:

My supervisor always have trust and faith in me and she thinks that I am very qualified to run difficult tasks and go through hard times which is rather overwhelming as work would automatically be thrown in my lap	(Participant 2)
The good things with my supervisor that he always make a good enviroment specialy when its comes to decision-making whithout fearing angry, we have good communication where its not problem to share and provied our opinions	(Participant 22)
I like the personal communication with my supervisor.	(Participant 23)
I have a supervisor who distinguishes the different strengths of each staff member. My supervisor always attempts out of her way to encourage flexibility, and appreciate us for our hard work	(Participant 24)
My supervisor is good and we have a nice relation except for the fact that he loads us with work as he thinks we are better qualified than locals	(Participant 17)

In (-) negative way:

I do not like that we are forced to give a lot and supervisors always accept us to be fine with whatever task is given to us. This might result in us facing workloads and extra tasks	(Participant 1)
I do mind the supervisor as sometimes he might load us with work to the extent that we have to stay at later hours to get the tasks done on time	(Participant 3)
was expecting from him emotional support and he never encourage me during the workload	(Participant 25)
I like that I get to practice my biggest interest but I dislike not appreciating our abilities (especially Kuwaiti nurses). I believe that supervisors would much prefer working with non-Kuwaiti nurses as they consider them more capable and accomplishing	(Participant 11)
My relation with my supervisor is fine. He is very strict yet nice. The only thing that I do not like and mind a lot is not being as appreciated as expatriate nurses. Locals are very under-rated	(Participant 12)

My supervisor is a nice person but always stresses us with sudden decisions about either taking extra tasks or staying up until late to finish work	(Participant 4)
I have a very good relation with my supervisor. He is very kind and appreciating. I just find him harsh in terms of forcing some of us to cover for the rest of the nurses who are not available at some times	(Participant 7)
My supervisor is a moody person and always not happy with our efforts and this make me always under stress	(Participant 23)

4. Rewards for Satisfaction

The salary I earned and feeling secure in my job. There are motivating bonuses and materialistic rewards	(Participant 25)
Good monthly payments and not very bad cash rewards and bonuses throughout the experience. Shifts are also paid if given by any chance	(Participant 2)
I think we are paid a not very bad amount of money. But compared to some private clinics, it might be less especially all the amount of work that we go through. Overtime payment is fine and motivating for some of us	(Participant 3)
Payments for extra jobs given and bonuses as rewards, which is a good financial and motivational approach	(Participant 5)
I would say that payment does not meet our demands. I personally am single and can barely live on my current salary. So I believe the situation with married nurses is even harder especially if they have kids. Bonuses are given in certain cases, which I personally find motivating and worth looking for	(Participant 6)
Payments and cash rise every now and then, which might be a very good push	(Participant 6)
I do not think that we are given enough in (salary wise) as our job is very time and energy consuming. Shifts payments might be a good example of a motivating factor	(Participant 9)
I personally think in terms of hygiene that the salary given does not meet the workload nurses experience. There are bonuses and on-call rewards, which are, still not much	(Participant 11)
Bonuses and extra shifts payments are a type of motivation and the salary is reasonable. Yet, for this amount of stress higher payment should be given	(Participant 12)

Salary might not be very reasonable for the amount of work we usually do and the stressful hours we go through most of the time. Still though, salary is more than expatriates	(Participant 16)
There are motivating payments and cash rewards for many extra jobs we do. I find the payment not very bad for me. But thinking for the bigger family back home, I would have to force myself to accept any extra challenging tasks	(Participant 16)

Work Adjustment

In my present situation, I can be faced with stressful situations that need me to work under pressure on a daily basis. It take me times to adjust at work situation and roles	(Participant 25)
I'm happy with my work, although I was suffering in my first year because of the culture differences. But finally I adjusted at the work and of course I like the work environment	(Participant 23)
I like that I am very appreciated by supervisors and other staff because of being an expatriate which they find better and more knowledgeable compared to locals	(Participant 1)
I keep in mind that this is a very helping time for to learn and grow so, stress is nothing but a blessing for me	(Participant 1)

Latent Themes
1. Religion

I came from Christianity environment to Muslim country so I was afraid in the beginning but after that I was fine	(Participant 22)
I find religion and religious beliefs a very big thing. I do respect the religion here, but I feel that I mine is not very well respected being that not appreciating the religious seasons and events we go through	(Participant 2)
Many times I encounter with high work demands especially in Christmas time, I can't enjoy this time with my friends in Kuwait. This found me to be challenge mentally	(Participant 23)

2. Trust: lack of trust: here is the different between expatiates and locals

I dislike not appreciating our abilities (especially Kuwaiti nurses). I believe that supervisors would much prefer working with non-Kuwaiti nurses as they consider them more capable and accomplishing	(Participant 11)
As much as I dislike the under-appreciation and motivation, I do like that this could be a chance for me to take sick leaves and	(Participant 13)

holidays under the reason of not giving us huge responsibilities due to ability trust issues. My supervisor is more drawn to expatriates side rather than locals and my colleagues do not create much of a problem for my side	
I think locals are admitted to less stressful jobs due to trust issues so bigger tasks are given to expatriates instead	(Participant 13)
I do not like that nurses are not at all treated equally. There is always a preference and trust issues regarding experience and nationality in which expatriates always get the credit for everything they do while the Kuwaiti staff is not as appreciated	(Participant 9)
I like that I am very appreciated by supervisors and other staff because of being an expatriate which they find better and more knowledgeable compared to locals	(Participant 1)
I like that I am very loved and appreciated as a non-local. I noticed that they treat expatriates differently as they think we are pretty much more qualified and experienced than locals	(Participant 18)
Although supervisors tend to prefer giving us bigger and harder tasks than giving locals as in their eyes, we are trustworthy and more qualified	(Participant 8)
I don't like that nurses are not at all treated equally. There is always a preference and trust issues regarding experience and nationality	(Participant 25)
As expatriates, we are much more trusted than locals which gives us no choice but to accept the workload put on us	(Participant 2)