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The influence of job demands and job resources on the health of migrant domestic workers: a diary study with Ugandan housemaids in Saudi Arabia

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ABSTRACT

Migrant domestic workers are mostly employed under precarious work conditions, yet little is known about the impact of their work on their health and wellbeing. Due to economic hardships and their low social status, the workers may endure such harsh conditions in exchange for a liveable wage. This study therefore utilized the Job Demands and Resources model's health impairment process to explore this impact using a sample of Ugandan female migrant domestic workers in Saudi Arabia. Data were collected before leaving Uganda and through a biweekly diary method across four waves which lasted 8 weeks ($N_{participants} = 172$, $N_{observations} = 366$). Results showed that family demands positively predicted emotional exhaustion and somatic complaints. Unexpectedly, work pressure, sexual harassment, and work precarity did not predict either outcome. Job autonomy negatively predicted both emotional exhaustion and somatic complaints, whereas social support had a positive effect on both emotional exhaustion and somatic complaints. Furthermore, core self-evaluation attenuated the negative relationship between job autonomy and emotional exhaustion. This study provides a foundation for further research on migrant domestic workers' well-being, a unique group often employed under precarious working conditions.

Introduction

Globally, domestic workers are estimated at 67.1 million of which 11.5 million are international migrant workers, the majority being female (80%) employed as caregivers and housemaids (Tayah, 2016). The Domestic Workers Convention of the International Labour Organization (ILO, Convention No. 189) described domestic work as all work performed in or for a household(s) for pay (International Labour Organization [ILO], 2011). This includes work as caregivers, gardeners, private drivers, housekeepers, and housemaids (Tayah, 2016).

Generally, migrant domestic workers are prone to all forms of work precarity (i.e., precarity of work, precarity at work, and precarity from work; see Allan et al., 2021), which might be emotionally, physically, psychologically, and mentally draining (Lewis et al., 2015). For instance, the work contracts are designed in a servitude manner where the power-distance gap is immensely large. This exposes the worker to exploitative and oppressive work conditions such as high work load, excessively long working hours, unpaid work, high work pressure, sometimes denial of pay, and increased risk of sexual exploitation (Figueiredo et al., 2018; Tayah, 2016; Van Bortel et al., 2019). Yet the lack of alternative employment,

economic hardships in their home countries, a desire to live a satisfying and fulling life, and the burden loaded onto them by their families and significant others might keep them working under such conditions (Duffy et al., 2016).

Although female migrant domestic workers experience high levels of precariousness, little is known about how these conditions affect their emotional and psychological health (Van Bortel et al., 2019). Thus, this study uses the Job Demands and Resources model (JD-R), a widely accepted model for understanding employee stress and psychological health at the workplace (Bakker, Demerouti, et al., 2023), to investigate this impact. The JD-R model proposes that every job has its own job-specific demands and resources that lead to stress, employee health and wellbeing. An advantage of the JD-R model is its accommodativeness and flexibility in characterizing job demands and resources, which provides a useful framework for studying low-level jobs (Bakker, Demerouti, et al., 2023). Thus, the study extends the JD-R model to a less formalized and often overlooked employment context (Gloss et al., 2017; L. Seubert et al., 2023). We explored three context-specific job demands (i.e., work pressure, family

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demands, and sexual harassment) as well as work precarity (as experienced by migrant domestic workers), responding to the need for investigating various job demands that could impair the health of workers (Demerouti & Bakker, 2011, 2023). Furthermore, the study responds to ongoing scholarly calls for integrating personal resources and individual characteristics into the JD-R framework by examining the moderating role of core self-evaluations (CSE) (Bakker, Demerouti, et al., 2023). CSE concerns the fundamental evaluations that people make of themselves and their capabilities (DiFabio & Palazzeschi, 2020). These evaluations could influence the workers' approach towards dealing with job demands and benefitting from available job resources to prevent ill health. The study contributes to the agency victimhood debate by shedding light on how female migrant domestic workers, despite experiencing precarious conditions, actively assert agency and employ resistance strategies to navigate adverse work environments (see, Cojocaru, 2015; Gómez-González et al., 2023; Schumann & Paul, 2020). The agency-victimhood debate suggests that migrant workers are active agents who are capable of actively resisting sexual advances towards them.

To empirically investigate these contributions, the study focuses on female Ugandan migrant domestic workers employed as housemaids in Saudi Arabia – a group that exemplifies both the structural precarity and active agency discussed above. Low-income countries such as Uganda have seen a sharp increase in the number of domestic workers migrating to Gulf states, largely driven by unfavourable economic conditions including limited job opportunities, poverty, and low wages for comparable jobs (Acosta & Acosta, 2019). It is estimated that over 150,000 Ugandan migrant workers are employed in Gulf countries, with approximately 75% being female housemaids (Nangozi & Serugo, 2022). At the state level, the Ugandan government has actively promoted migrant domestic work as a strategy to mitigate high unemployment rates, particularly among the youth, while simultaneously boosting foreign earnings (Asiimwe & Musinguzi, 2024). Bilateral agreements have been established with several Gulf nations such as Saudi Arabia, which primarily recruits housemaids (Asiimwe & Musinguzi, 2024). In 2022 alone, 77,914 Ugandan migrant workers were externalized to Saudi Arabia, with 55,643 employed as housemaids, and these contributed an estimated $600 million in annual remittances (Chinedu, 2023). Thus, the study focused on female Ugandan migrant domestic workers employed as housemaids in Saudi Arabia.

Theoretical background and hypotheses

Precarious work

The number of workers employed under precarious conditions is soaring. According to Bonnet et al. (2018), ILO estimated that 61% (2 billion) of the world's working age (15 years and above) are engaged in what could be termed precarious work. These statistics are skewed towards developing countries, where informal employment stands at 81% compared to 57% in emerging, and 15% in developed countries. At regional level, Sub-Saharan Africa (without South Africa) experiences the highest level of work precariousness at around 92%; and African women experience the highest form of precariousness at around 90% (Bonnet et al., 2018).

Precarious work is defined by one or more of the following features: temporary work contracts, imbalanced employer–employee relationship, vulnerability to exploitation, low compensation, limited legal protections, and job insecurity (Rönnblad et al., 2019). It also typically involves low wages, excessively long working hours, and significant job instability (Buckingham et al., 2020). Allan et al. (2021) defined precarious work as employment characterized by minimal control over the terms of the contract, limited influence on workplace policies, poor working conditions, and job insecurity. They further proposed three psychological states to conceptualize work precarity: precarity of work (uncertainty about job continuity), precarity at work (unpredictability due to factors like discrimination, harassment, and unsafe conditions), and precarity from work (insecurity stemming from jobs that fail to meet basic needs).

Notably, much of the current research has focused on precarity of work (e.g., job insecurity) and precarity from work (e.g., insufficient wages), while neglecting precarity at work (e.g., unsafe working conditions). Yet there is compelling evidence of precarity in specific work sectors such as low-level migrant work like domestic work, construction, and hospitality (Buckingham et al., 2020). Furthermore, research consistently shows that female migrant domestic workers particularly face heightened vulnerability to precarious working conditions compared to their male counterparts, regardless of the origin or host country (Betti, 2018; Lewis et al., 2015; Van Bortel et al., 2019). This study focuses on examining the health impact of work predominantly described as precarious.

Migrant domestic work

Migrant domestic work involves cross-border movement of workers employed for paid household duties under a bipartite arrangement between a sponsor or employer and the migrant worker, often facilitated by intermediaries such as recruitment agencies (International Labour Organization ILO, 2021). This form of employment is categorized as temporary or guest worker contracts, as they typically span two years, with renewals treated as separate contractual agreements (Castles & Ozkul, 2014).

In recent years, Middle Eastern countries have witnessed a significant rise in the number of migrant domestic workers (International Labour Organization ILO, 2021). This trend is rooted in historical and cultural traditions predating modernity, when employing multiple domestic workers, often as bonded labourers or slaves, was a widespread practice (Asiimwe & Musinguzi, 2024). Additionally, the rising per capita income in this region has increased household disposable income, fuelling demand for domestic labour (Asiimwe & Musinguzi, 2024).

To regulate this fast-expanding sector, many Middle Eastern countries have established bilateral agreements with labour-exporting countries and created dedicated regulatory institutions to oversee the recruitment and employment of migrant domestic workers, who constitute a substantial proportion of the migrant workforce (Rahman, 2012). This indicates the strategic economic importance of the migrant domestic labour sector in addressing the labour market demands of host nations and mitigating economic pressures in sending countries (Asiimwe & Musinguzi, 2024).

Migrant domestic workers are important in filling labour shortages in host countries by taking on work that nationals are unwilling to do because of its low status (Bosmans et al., 2016). Additionally, they complement the host family in giving emotional care to the children and the elderly and even exude their regular work to offer unregulated nursing care through administering drugs and bathing patients (Tayah, 2016). Squarely, domestic workers are a source of revenue to the sending countries through direct earnings (taxes levied on the worker and labour externalization companies) and foreign earnings through remittances (to their families) thereby contributing significantly to the economic and social development of the sending country (UN Women, 2017). Their work spectrum include care giving, culinary, cleaning, gardening, and laundry (Galloti, 2016; Tayah, 2016).

However, migrant domestic work is arguably one of the most vulnerable form of formal employment to precariousness (Lewis et al., 2015). Migrant domestic work lacks adequate protection by the host country's laws, which exposes the workers to violation of their basic human rights and their rights as workers (Figueiredo et al., 2018). For example, the so-called Kafala system practised in most Middle Eastern countries vests the power over the entry, stay and exit of the domestic workers in the sponsor (Parreñas, 2021). Although several host countries in the Gulf region have implemented substantial policy and regulatory reforms of the Kafala system aimed at improving the working conditions for migrant domestic workers (International Labour Organization, 2023), practically their experiences remain rather unchanged. In this system, the so-called *kafeel* (sponsor) facilitates the recruitment of the *khaddamah* (housemaid) through authorized recruitment agencies and assumes full responsibility for providing the worker's essential needs and monitoring the worker's movements on behalf of the state (Parreñas, 2021). There is barely any state oversight and intervention in the employment relationship; moreover, the housemaid has nearly no legal ramification as the work is not covered under the employment laws (Tasleem et al., 2022). Consequently, in cases of work-related conflicts, mediation often proves challenging. Moreover, the immediate source of social support is their family which is often unreliable because of the reversal support expectations (Boccagni, 2015).

Domestic migrant workers often migrate without or with very low Arabic language proficiency which further complicate their integration into the work setting, and help seeking behaviour because of the huge communication gap. This makes the housemaids extremely vulnerable to harsh working conditions such as high workload, high work pressure, excessively long hours of work, incommensurate pay for the work done, and lack of leave days and day-offs (Parreñas, 2021). In some cases, housemaids' personal documents such as their passport, are confiscated by the sponsor, they are forced to do work outside their normal scope (e.g., working in several houses, laying beds for the whole household, washing cars, and offering massage to the family, see Balasubramanian, 2019), and some are even sexually exploited (Van Bortel et al., 2019). Yet with all these work conditions, the highest paid housemaids in Saudi Arabia earns a monthly salary of less than 300 USD (Atwiine, 2023). This might not be a decent wage in Saudi Arabia but could be considered decent payment in comparison to the payment for similar jobs in their home country, therefore acting as a hook for improving their economic situation and entering as well as enduring precarious work conditions in the host country (Duffy et al., 2016).

The JD-R model and hypotheses construction

The JD-R model proposes that two factors (namely the job demands and job resources) are responsible for the development of stress and employee health and well-being at the workplace (Demerouti & Bakker, 2011). This happens through the health impairment process and the motivational process. The health impairment process involves prolonged exposure to job demands (such as high workload, work pressure, and sexual harassment) without adequately recovering from them leading to negative health outcomes (such as burnout, psychosomatic problems, sleeping disturbances, etc.). However, the processes can be buffered by the availability of job or personal resources which enable the worker to cope with the job demands (Demerouti & Bakker, 2011). The second proposition is the motivational process, which states that having enough job resources leads to positive health outcomes such as employee engagement, organizational commitment, and other occupational attitudes and organizational outcomes.

Job demands are the aspects of the workers personal and work space that directly or indirectly increase the physiological, psychological, emotional, and the level of skills needed to execute the job (Bakker, Demerouti, et al., 2023). Job demands occur after prolonged exposure to tasking situations (mostly due to poor job design and poor working conditions) with little or lack of adequate recovery (Schaufeli & Taris, 2014). Parallel, job resources are the aspects within the individuals personal and workspace that could serve all or one of the three purposes related to the workers' job: enable the attainment of performance goals, buffer the effects of job demands, and inspire the worker to reach their personal and career goals (De Jonge & Dormann, 2003). Recent extensions of the JD-R model have recognized the critical role that personal resources (traits linked to resilience such as hope, self-efficacy, and optimism) and individual characteristics (e.g., personality) hold in enabling the worker to circumvent the job demands and utilizing job resources (see Bakker, Demerouti, et al., 2023). Although personal resources have garnered relatively substantial attention, individual characteristics are yet to be fully explored in the JD-R model as majorly Big Five traits have been studied (Bakker, Demerouti, et al., 2023; Schaufeli & Taris, 2014).

Mounting evidence in the agency-victimhood literature on migrant domestic workers indicates that, despite experiencing sustained precarity, many of these workers actively navigate and negotiate their job demanding situations, positioning themselves as agents rather than passive victims (Gudrun, 2009; Sano, 2012; Schumann & Paul, 2020). Firstly, migrant domestic workers make a deliberate decision to engage in externalized labour, fully aware of the difficulties inherent in this type of work (Schumann & Paul, 2020). This points to the importance of personal and individual resources, which they rely on to mitigate the adverse conditions they encounter. Secondly, although migrant domestic workers are advertently excluded from the employment laws of many host countries (Schumann & Paul, 2020); rendering them vulnerable to exploitation, oppression, and adverse work conditions such as excessive working hours, sexual harassment, high work pressure, and overwhelming workload, they often find pathways to address or escape these challenges (Cojocaru, 2015). Although migrant domestic workers are entitled to change sponsors in the event of conflict or breach of the work contract by their current employer (International Labour Organization, 2023), the primary barrier they face is securing a new sponsor within a limited timeframe, as their work contracts are typically tied to a two-year term (Schumann & Paul, 2020). This may create a state of dissonance, perpetually impending the worker to precarious conditions, at least until the contract expires.

According to the Psychology of Working Theory, employment represents a superordinate need fundamental to individuals' welfare and well-being, with its absence strongly linked to adverse health outcomes (Blustein et al., 2019). For migrant domestic workers, despite significant work-related precariousness, they may continue working. This owes to the structural factors beyond their control such as poverty, the role of being the primary breadwinner, and limited job opportunities; which often bring along economic hardships that compel them to remain in their job (Duffy et al., 2016). These economic constraints lead migrant domestic workers to find financially more attractive opportunities in the host countries and to endure precarious work conditions to attain decent work in the long run.

In the context of highly precarious work such as migrant domestic work, it is plausible that workers experience high levels of job demands, job stress, and health-related risks (Figueiredo et al., 2018; Lewis et al., 2015). Capitalizing on the flexibility of the JD-R model, we sought to empirically examine the negative health outcomes being experienced by these workers. We used the deductive approach to select key job demands, job resources and negative health outcomes. We reviewed past studies on the JD-R model which gave us parameters for the baseline interviews with key informants (i.e., migrant workers who were already in Saudi Arabia, labour externalization managers and agents, and former migrant workers).

Job demands are characterized into challenge and hindrance demands (Tadić et al., 2015). We focused on hindrance demands, which are the aspects of the job that require significant effort but are detrimental to well-being and performance. Therefore, we examined work pressure, family demands, sexual harassment, and work precarity. Work pressure is the volume of work that a worker is required to accomplish within a specified timeframe (Hetland et al., 2022). Family demands are the emotional, financial, and instrumental responsibilities, and obligations that migrant domestic workers continue to fulfill for their families left behind, which frequently encroach on their work schedules (Annor, 2016; Boccagni, 2015; Van Bortel et al., 2019). Conversely, sexual harassment is any unwanted sexual behaviour, including gestures, comments, touch, and propositions that creates discomfort or distress to the worker (Diez-Canseco et al., 2022). Another job demand we examined is work precarity, which we defined as the specific aspects of the job that contribute to its instability and vulnerability (C. Seubert et al., 2019). This arises from factors such as long and irregular working hours, insufficient rest or sleep, lack of a private room, and restricted control over personal documents like passports (Parreñas, 2021).

Generally, hindrance demands are positively associated with negative health outcomes (Demerouti & Bakker, 2023). Several studies conducted in different work contexts have confirmed that generic job demands have a positive association (e.g., workload and emotional demands, Bakker, Xanthopoulou, et al., 2023; and hindrance demands in a Dutch sample; Van den Broeck et al., 2010). The JD-R review by Bakker, Demerouti et al. (2023) also found that job demands such as role ambiguity, workload, family demands, and work pressure consistently predicted emotional exhaustion positively.

Moreover, a recent meta-analysis on longitudinal studies on the JD-R model revealed that job demands positively predicted burnout, and mostly emotional exhaustion (Lesener et al., 2019). We also found some empirical evidence that supported a positive association between job demands and psychosomatic complaints (e.g., Grau-Alberola et al., 2022; Velez & Neves, 2016). When experiencing highly demanding jobs, the worker is drained of their physical, personal, psychological, and emotional resources which increases strain and stress (Hobfoll et al., 2018) and this could culminate into health impairment. Thus, the following hypotheses were investigated (see also Figure 1 for the full theoretical model):

H1. Job demands (a. work pressure, b. family demands, c. sexual harassment, d. work precarity) positively predict emotional exhaustion;

H2. Job demands (a. work pressure, b. family demands, c. sexual harassment, d. work precarity) positively predict somatic complaints.

Furthermore, we explored whether job resources could directly influence negative health outcomes. Demerouti and Bakker (2011) note that within the health impairment process, job resources are primarily understood as buffers against job demands, but they could also be salient in their own way. For example, in times of crisis and turbulent work environments (such as migrant domestic work), job resources may play multiple roles beyond buffering – contributing directly to workers' ability to manage their context and maintain well-being (Demerouti & Bakker, 2023). Indeed, Lesener et al. (2019) in their meta-analytical research on JD-R model longitudinal studies also found that job resources negatively predicted burnout (hence also its core aspect,
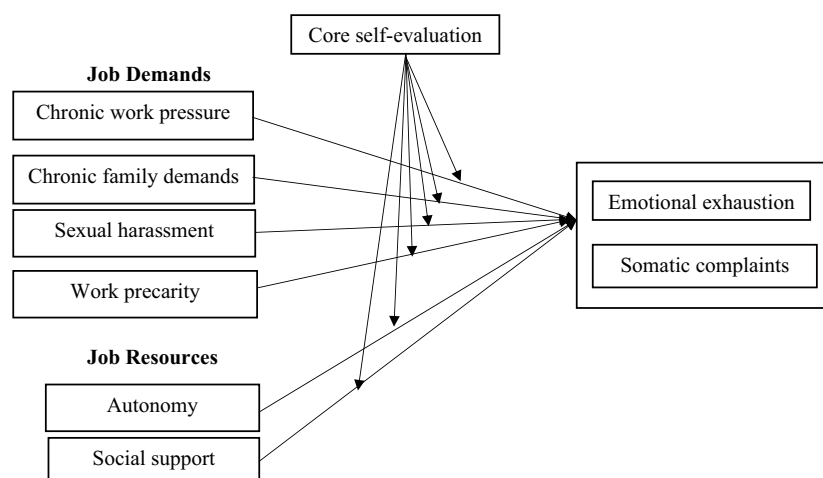

Figure 1. Conceptual framework.

emotional exhaustion) over time. Van den Broeck et al. (2010) study involving a Dutch sample also demonstrated that job resources negatively predict emotional exhaustion over time. We investigated two job resources: autonomy and social support, which are very vital for neutralizing unfriendly working environments (Demerouti & Bakker, 2023). Job autonomy refers to the freedom of choice that workers have over their work scheduling, activity execution, and procedures (van Dorssen-Boog et al., 2020). Although domestic work is generally perceived to offer minimal autonomy due to imbalanced power relations, there might be variability (see, Parreñas, 2015). Social support is the emotional and instrumental assistance gained through interpersonal relationships aimed at assuring the worker's sense of belonging, value, worth, esteem, and resilience in face of workplace adversities (Boccagni, 2015; Xu et al., 2020). Therefore, the following hypotheses were investigated:

H3. Job resources (a. autonomy, b. social support) negatively predict emotional exhaustion;

H4. Job resources (a. autonomy, b. social support) negatively predict somatic complaints.

The role of personal resources and individual characteristics is gaining traction in the JD-R model (Bakker, Demerouti, et al., 2023). Bakker, Demerouti, et al. (2023) have distinguished the former from the latter by recognizing that personal resources are especially critical in calling up other resources and bolstering resilience; whilst individual characteristics are lenses through which the workers comprehend and assess their job (Bakker, Demerouti, et al., 2023). Workers experiencing high levels of precariousness may not be fully in control of themselves so as to be able to utilize personal resources (Hobfoll et al., 2018). Rather, their assessment and judgement of the situation based on who they are (i.e., individual characteristics) could be critical towards approaching their jobs. The study focused on the interaction effect of CSE, an often overlooked trait that might be a salient personality predictor in the JD-R model (Bakker, Demerouti, et al., 2023; Schaufeli & Taris, 2014). CSE describes the worth and value that individuals attach to themselves based on personal evaluation (DiFabio & Palazzeschi, 2020). These evaluations, which are positive or negative (positive evaluations are associated with high core self-evaluation, and vice versa) affect how individuals cope with stressful situations at work (DiFabio & Palazzeschi, 2020).

When experiencing high job demands (i.e., high work pressure, high family demands, and sexual harassment), individuals high on CSE tend to stay positive and believe in their abilities to handle the job demands, whereas individuals low on CSE might feel overwhelmed (DiFabio & Palazzeschi, 2020). This is because of the tenacities of locus of control, self-efficacy, emotional stability and self-esteem that define the broader trait of CSE. Concurrently, high CSE equips individuals with better management of their job through sorting and utilizing the available job resources (in our study autonomy and social support) and deploying them when needed (Debusscher et al., 2017). This is in contrast with individuals low on CSE who might feel naive and incapable, hence unable to cope with the work conditions. CSE might therefore be an important personal trait in determining how individuals perceive themselves vis-a-vis their jobs and consequently cope with extremely challenging working conditions. We therefore investigated the role that CSE might play in the context of migrant domestic workers to prevent emotional exhaustion and somatic complaints. The following interactional relationships were investigated:

H5. High CSE will weaken the positive relationship between job demands (a. work pressure, b. family demands, c. sexual harassment, d. work precarity) and emotional exhaustion;

H6. High CSE will strengthen the negative relationship between job resources (a. social support, b. autonomy) and emotional exhaustion;

H7. High CSE will weaken the positive relationship between job demands (a. work pressure, b. family demands, c. sexual harassment, d. work precarity) and somatic complaints;

H8. High CSE will strengthen the negative relationship between job resources (a. social support b. autonomy) and somatic complaints.

Materials and methods

Procedure

A total of 700 Ugandan women who were undergoing a mandatory preparatory training before becoming housemaids in Saudi Arabia participated in a paper-pencil-based data collection in January and February 2023 at two training centres in Uganda (t1). These training centres are regulated by the Ugandan government and are meant to orient, prepare, and equip the prospective migrant domestic workers with both hard and soft skills for working in the Middle East.

The prospective migrant domestic workers are given a mandatory 2 weeks pre-departure orientation training on survival in a foreign country, financial literacy, Arabic culture (e.g., language, food, and dress code), and operating machines such as dish washers, washing machines, and fitted kitchens (Assumpta & Nkirote, 2019). We utilized this opportunity while women were undergoing the mandatory training, as government regulations require training institutions to deploy trained domestic migrant workers within thirty days of completion of the pre-departure training (Ministry of Gender Labour and Social Development, 2021). The number of variables in the model was limited because of the dairy study approach (Ohly et al., 2010). We assessed demographic variables and CSE plus emotional exhaustion and somatic complaints (at baseline as potential covariates). After applying data quality control methods (Curran, 2016), 609 observations of the 700 participants were usable.

During t1 data collection, we asked for the WhatsApp numbers from those who were willing to continue participating in the study. Specific to our sample, WhatsApp is the commonest medium of communication and socialization as well as a user interface that participants were very familiar with; therefore, we sought to maintain a natural setting where they would freely give us the information. We set up a WhatsApp chatbot that enabled the collection of data by running through an automated process of sending questions to participants and asking them to provide answers through numbers on a scale. Being aware that the participants might have specific psychological and work challenging situations given the precarity of their work, we provided them with another WhatsApp number for communicating directly to us, so that we, if necessary, would point to relevant authorities and institutions that could help on the ground. The study protocol was approved by the Ethics and Research Council of [Anonymized for Peer Review] University. To assist our semi-literate population with a better understanding of the items, research assistants who had a good understanding of the local language (Luganda) helped in collecting data at t1. For the biweekly diary data collection, we recorded the audio version of the items in the local language (Luganda), and participants could choose between the audio version (Luganda) or written (English language). This feature is enabled in the WhatsApp chatbot (see Figure 2). We dedicated a special number, where one of the research group members, who is familiar with the work context of Ugandan domestic migrant workers and understands most languages spoken by the respondents, provided them with counselling, advice, and guidance. We also arranged with respondents' Ugandan recruitment company to refer to them complex cases for further assistance after getting consent from the respondents.
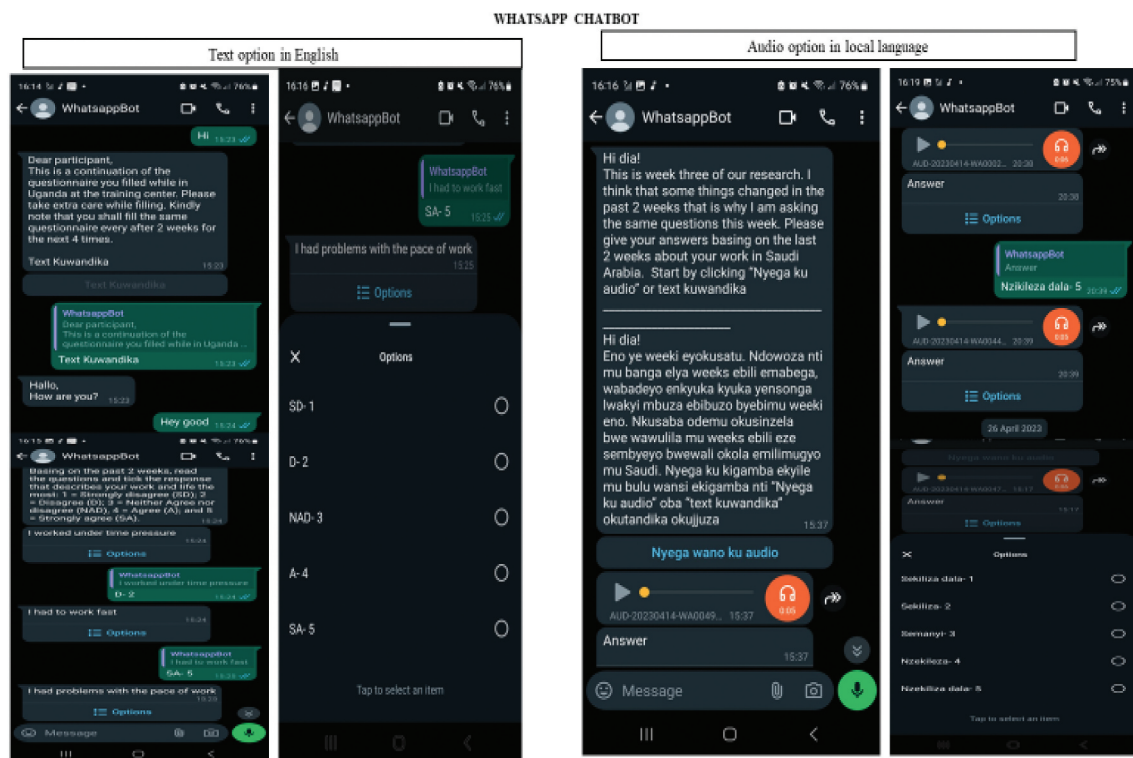

Figure 2. WhatsApp chatbot.

After having collected data at t1, we followed up with the participants in March 2023 to find out whether they had been externalized. Only a part of the respondents ($N = 346$, those who attempted to use the chatbot) realized migration at the time of implementing the biweekly data collection, which partly could be attributed to the temporary suspension of the bilateral agreement on labour externalization between Uganda and Saudi Arabia (Atwiine, 2023). The four biweekly diary data collection lasted 8 weeks, where we had 172 participants and 366 observations after t5 of the data collection.[1] The high attrition was expected given the characteristics of our sample (Eisner et al., 2019).[2]

Sample characteristics

Most participants were aged 24 years old ($M_{age} = 27.77$, $SD = 4.33$). Most had obtained an ordinary level education (48.3%), whereas others had primary level (29.6%), general certificate (8.9%), advanced level (5.4%), vocational training (3.9%), diploma (1.0%), and university degree (1.5%), and some did not answer (1.5%). The majority were single (48.6%) or married (37.1%), separated (8.9%), could not say (3.4%), and did not answer (1.0%). The majority had 2 children ($SD = 1.42$, 31.9%), those with no children were 15.3%, while some had 8 and 6 children (0.2% and 2.1%, respectively). When describing their situation in Uganda, most respondents said that they were staying with their families (88.7%). The families are typically large ($M_{number\ of\ family} = 7.77$, $SD = 4.938$), with the majority staying in a family of 6 (14.3%). The largest family had 50 members (0.2%) and the least 1 (0.5%). Most participants stated that they talked every day to their family (41.7%), almost

every day (1.6%), few times (28.1%), not at all (1.8%), weekly (0.2%), and the rest did not answer (describing their Ugandan situation). Some respondents had worked as migrant domestic workers in the past (7.4%) – most of whom had worked in 2019 (43%); the cohorts ranged between 2012 (4%) and 2022 (4%). Most respondents had proper knowledge of the work done by housemaids in the Middle East (78.7%); they indicated that they knew about it through friends (39.1%), family and relatives (29.4%), mass media (i.e., radio and TV, 13.7%), social media (i.e., WhatsApp, Facebook, and TikTok, 2.2%), recruitment agencies and agents (11.3%), social groups (e.g., church 0.8%), and personal motivation (0.5%). We also asked them to indicate what they knew about the work done by migrant domestic workers and they indicated that they knew it as house work (28.3%), attractive (i.e., better pay and timely payment, 21.5%), care work (4.2%), but also dangerous (11.8%), involving high workload (20.9%), stressful (6.0%), abusive supervision (2.5%), and language barrier (0.8%). Furthermore, across three time points, participants indicated that their Arabic language skill (the official and national language used in Saudi Arabia) was relatively low with a low variability ($M = 2.06$, $SD = 1.08$).

Measures

Responses were assessed on a 5-point Likert scale (except work precarity) where respondents indicated their level of agreement on the items, except for workspace factors. We analysed the Cronbach's alpha and MacDonald's omega test for internal reliability of instruments (see Table 1).[3,4] Trait CSE was collected once during the initial recruitment, while the state variables

Table 1. Means, standard deviations, intra-class correlations, correlations among variables, and internal reliability coefficients.

Variable	1	2	3	4	5	6	7	8	9
Pre-measure in Uganda									
1.CSE									
Biweekly diary measures									
2. Work pressure	.02		.29**	−.01	−.12	−.02	.13	.15**	.10
3. Family demands	.00	.33**		.05	−.21**	.12	.17**	.15**	.13
4. Sexual harassment	.04	.03	.04		.00	.10	.07	.22**	.08
5. Work precarity	.21**	−.16**	.04	−.07		.06	−.06	−.04	−.08
6. Autonomy	.00	.01	−.22**	.09	.02		.24**	−.13	−.11
7. Social support	.00	.12	.14	.10	−.08	.26 **		.19**	.10
8. Emotional exhaustion	−.01	.11	.19**	.29**	−.04	−.07	.17**		.45**
9. Somatic complaints	−.02	.11	.16**	.08	−.08	−.05	.16**	.44**	
M	3.83	3.51	2.87	1.49	.59	2.87	3.25	2.63	2.94
SD	0.57	1.13	1.23	0.81	.15	1.30	1.32	1.19	1.15
α	.59	.71	.87	.75	.68	.81	.82	.90	.92
ω	.65	.80	.91	.85	.79	.89	.89	.93	.94
ICC		.11	.64	.16	.64	.43	.40	.68	.76

Note. CSE = core self-evaluation; ICC = intra-class correlation. Correlations at the within-person level are displayed above the diagonal ($N = 184$; $N = 401$ observations; grand mean centred and calculated using multilevel correlation), whereas correlations at the between-person level are displayed below the diagonal ($N = 184$; averaged across the five time points after grand mean centring). We used linear scaling to measure precarity with the lower bound and upper bound representing decent work and precarity, respectively.
Cronbach's alphas and MacDonald's omegas for the diary measures were averaged across three time points.
*$p < .05$; **$p < .01$(two tailed).

(work pressure, family demands, sexual harassment, work precarity, autonomy, social support, somatic complaints, and emotional exhaustion) were collected using a biweekly diary approach.

CSE was measured at t1 using the 12-item CSE scale (Judge et al., 2003). The instrument has been consistent across different contexts (e.g., Farčić et al., 2020). An example item is: "I am confident I get the success I deserve in life."

Work pressure

We adopted the three items of Darouei and Pluut (2021) they used in their diary study to assess time pressure: "I worked under time pressure"; "I had to work fast"; and "I had problems with the pace of work."

Family demands

We developed three items to assess family demands. These include "I spent too much time trying to solve family problems back at home"; "I was stressed by family expectations such as sending money home"; and "I had a lot of family duties and responsibilities back home which needed my attention."

Sexual harassment

Three items from the Sexual Experience Questionnaire (Fitzgerald et al., 1995) were adopted: "Someone attempted to discuss sex with me," "I was touched in a way that made me feel uncomfortable," and "Someone made me afraid of poor treatment if I didn't cooperate to a sexual relationship."

Work precarity

We assessed work precarity using five indicators: number of days worked in the previous two weeks (range: 10–14), average hours worked per day (range: 12–22; reversed), average hours of sleep per day/night (range: 1–10), access to a separate sleeping room (yes = 1, no = 0; reversed), and possession of personal documents (e.g., passport and residence permit; yes = 1, no = 0; reversed). Data for hours worked, days worked, and sleep were collected across four biweekly waves (t2 to t5). For access to a separate room and possession of documents, we used values from t2 to impute t5 responses, due to minimal variability across waves and missing data at t3 and t4. To allow for comparability across indicators, all variables were standardized to a common scale from 0 (least precarious) to 1 (most precarious). This was done using linear scaling based on the observed range of responses for each variable, where the most favourable observed value served as the upper bound and the least favourable as the lower bound. The binary variables were already coded to reflect this scale. A single work precarity estimate was then computed using the means of the five indicators.

Autonomy

We adopted the two items used by Albrecht and Anglim's (2017) diary study to measure autonomy because they resonated well with the study. These items were "I had significant control over how I carried out my work" and "I could decide on my own how to go about doing my work."

Social support

We assessed social support using two items from the ENRICHD Social Support Instrument (Cordes et al., 2009), translated into English. We based on factor loadings and content validity to choose the two items which were "I had as much contact as I wished with someone close to me who has my trust" and "There was someone I reached out to, who really listened with certainty when I wanted to speak up."

Emotional exhaustion

We adopted three items that assess emotional exhaustion from the Maslach Burnout Inventory which had been used in other diary studies (e.g., Albrecht & Anglim, 2017). These items were "I felt emotionally drained from my work," "I felt used up at the end of every workday," and "I felt burned out from my work."

Somatic complaints

We adopted three items from the Patient Health Questionnaire (Kroenke et al., 2002) that measure somatic symptom severity. The three items were "Stomach pain or back pain or chest pain complaints," "Feeling dizzy (Kamunguluze)" (with "Kamunguluze" being the Luganda translation of "feeling dizzy," which was added to increase understandability), and "Having headaches."

Data analysis

All statistical analyses were conducted using RStudio (version 4.2.2). Data was imported from SPSS to Rstudio using the haven package (Wickham et al., 2023b). Prior to the analysis, a unique identifier was assigned to each participant to facilitate further analysis. Scale reliability was assessed using both Cronbach's alpha and McDonald's omega via the psych package (in built within RStudio). Grand-mean centring was applied to all predictor variables to facilitate interpretation of fixed effects[5] and interactions in multilevel modelling using the dplyr package (Wickham et al., 2023a). This approach reduces multicollinearity among predictors

and aids in the meaningful interpretation of lower-order terms in the presence of interactions (Enders & Tofighi, 2017). To examine within-person changes, the dataset was converted from wide to long format using the tidyr package (Wickham et al., 2024). This structure allowed the use of linear mixed-effects modelling (LMM) to account for both fixed effects of predictors and random intercepts across individuals. LMMs were fitted using the lme4 (Bates et al., 2024) and lmerTest packages (Kuznetsova et al., 2017), and summaries were obtained using the jtools package (Long, 2024b). The interaction between autonomy and CSE on emotional exhaustion was visualized using the interact plot package (Long, 2024a). The REML package (Butler et al., 2023) in R studio was used to test model fit (see Table 2 for comprehensive results)[6].

Results

The full model (i.e., with both fixed and random effects) significantly explained emotional exhaustion, with a substantial portion of variance explained (*Pseudo R^2* = 59%) and significant improvement over the null model (random effects only). The Likelihood Ratio Test (*LRT*) was 76.99, and the significant random effects (*SD* = 0.66) provided evidence for the vital role of within person differences. Also, the full model significantly explains somatic complaints (*Pseudo R^2* = 69%) and a better fit over the null model, with *LRT* = 144.26. Within person differences account for significant random effects (*SD* = 0.65), justifying the relevancy of individual variability among the predictor variables. An inspection of residual plots indicated no severe deviations from normality; and homoscedasticity and multicollinearity were not a concern, as all variance inflation factor values were below 1.30.

We hypothesized that job demands (H1a & 2a work pressure; H1b & 2b family demands; H1c & 2c sexual harassment; H1d & 2d work precarity) will positively predict emotional exhaustion and somatic complaints. Results supported the relationship between family demands and emotional exhaustion (β = 0.14, *p* < .01) and somatic complaints (β = 0.09, *p* < .05), confirming H1b and H2b. We did not find evidence for H1a, H2a, H1c, H2c, H1d, and H2d (see Model 1, Table 2). We also hypothesized that job resources (H3a & 4a autonomy; H3b & 4b social support) will negatively predict emotional exhaustion and somatic complaints. The results

Table 2. Multilevel analysis.

		Emotional Exhaustion			Somatic Complaints		
		B	SE	p	B	SE	p
Model 1	Intercept	−.04	.08	.58	.04	.08	.62
	Work pressure	.07	.05	.12	.00	.04	1.00
	Family demands	.14	.05	< .01**	.09	.04	< .05*
	Sexual harassment	.07	.06	.25	−.00	.06	.94
	Work precarity	.42	.36	.24	.42	.33	.20
	Autonomy	−.11	.04	.01*	−.11	.04	< .01**
	Social support	.10	.04	.02*	.11	.04	< .01**
	Within (random effects)	SD = .76			SD = .66		
Model 2	Intercept	−.05	.08	.52	.02	.08	.79
	Core self-evaluation	−.05	.15	.74	.01	.04	.85
	Work pressure	.09	.05	.06	−.05	.15	.76
	Family demands	.13	.05	.02*	.09	.05	.07
	Sexual harassment	.09	.07	.20	.01	.06	.93
	Work precarity	.49	.37	.19	.54	.34	.11
	Autonomy	−.07	.04	.12	−.11	.04	.01*
	Social support	.09	.04	.04*	.11	.04	< .01**
	Work pressure × CSE	.13	.09	.12	.09	.08	.28
	Family demands × CSE	−.14	.10	.15	−.05	.09	.55
	Sexual harassment × CSE	−.02	.12	.90	−.01	.11	.92
	Work precarity × CSE	.18	.72	.80	.54	.66	.41
	Autonomy × CSE	.24	.08	< .01**	.04	.08	.63
	Social support × CSE	−.03	.07	.66	.03	.07	.63
	Within (random effects)	SD = .66			SD = .65		
		AIC = 1169.61			AIC = 1117.86		
		BIC = 1233.51			BIC = 1181.73		
		Pseudo R^2 = .59			Pseudo R^2 = .69		
		LogLik = −568.81			LogLik = −542.93		
		LRT = 76.989 (< .01**)			LRT = 144.26 (< .01**)		

Note. B = Unstandardized regression coefficients; SE = standard error; CSE = core self-evaluation; AIC = Akaike Information Criterion; BIC = Bayesian Information Criterion; LogLik = log-likelihood; LRT = Likelihood Ratio Test. *N* = 172 participants and *N* = 366 observations.
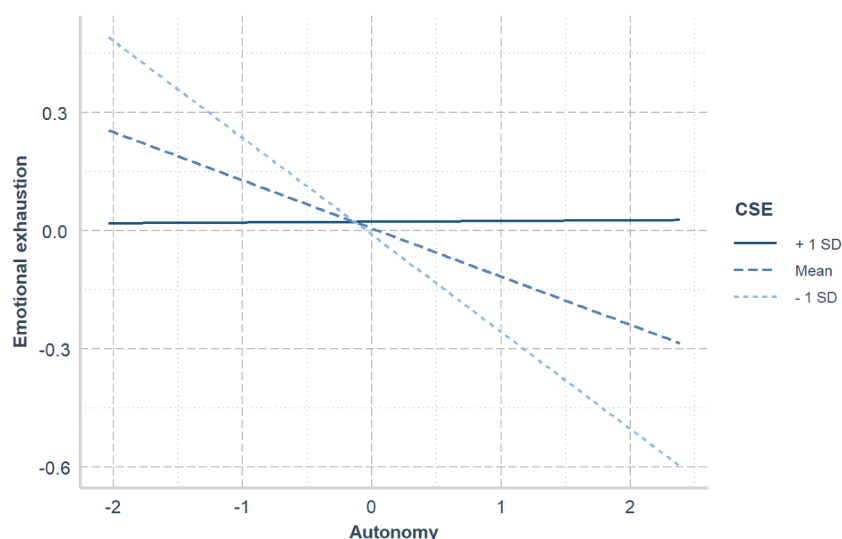* *p* < .05, ** *p* < .01.

Figure 3. The moderating effect of core self evaluation (CSE) on the relationship between autonomy and emotional exhaustion.

show that autonomy negatively predicted emotional exhaustion ($\beta = -0.11$, $p < .01$) and somatic complaints ($\beta = -0.11$, $p < .01$), confirming both H3a and H4a. Contrary to our expectations, social support positively predicted emotional exhaustion ($\beta = 0.10$, $p < .02$) and somatic complaints ($\beta = 0.11$, $p < .01$), and H3b and H4b were therefore not supported (see Model 1, Table 2). CSE attenuated the negative effects of autonomy on emotional exhaustion ($\beta = 0.24$, $p < .01$), contrary to H6b: The relationship was strongest at low CSE and negligible at high CSE levels (see Figure 3 for the interaction plot). Other interactions were not significant (see Model 2, Table 2).

Exploratory analysis results showed that social support weakens the positive effects of work pressure on emotional exhaustion ($\beta = 0.07$, $p < .03$). Other exploratory results were non-significant.

Discussion

The study examined how precarious working conditions affect the health and well-being of Ugandan female migrant domestic workers employed as housemaids in Saudi Arabia, using the JD-R model. The findings indicate that family demands positively predicted emotional exhaustion and somatic complaints, while job autonomy was negatively associated with both outcomes. Unexpectedly, social support was positively related to emotional exhaustion and somatic complaints. Furthermore, CSE moderated the relationship between job autonomy and emotional exhaustion: The negative relationship between autonomy and exhaustion was strongest for individuals low in CSE and negligible for

those high in CSE. This attenuation at high CSE might be due to the over-confidence in one's own capabilities, which could reduce the extent to which individuals rely on or benefit from available job resources, particularly in a highly precarious working environment. The remaining hypotheses were not supported.

Theoretical contribution

The positive correlation between family demands and emotional exhaustion and somatic complaints among migrant domestic workers indicates that the ongoing responsibilities back home deplete their energy at work. These responsibilities typically include remitting money to support their families, providing emotional care to family members left behind, and participating in family decision-making (Boccagni, 2015). Many migrant domestic workers, as earlier indicated by our results, migrate as young mothers and from large families, and they come often from poverty-stricken backgrounds, increasing the need for their continued presence back at home (Acosta & Acosta, 2019; Tayah, 2016). This situation, often referred to as "double burden carriers," renders them present members yet physically distant (Boccagni, 2015). Consequently, family issues are likely to keep them occupied, making it a source of strain and emotional exhaustion (Van Bortel et al., 2019).

Neither work pressure, sexual harassment, nor work precarity predicted emotional exhaustion and somatic complaints, although the housemaids experienced substantial work pressure, at least some instances of sexual harassment, and high work precarity. It is surprising that these stressors were not related to strain reactions (cf.,

Figueiredo et al., 2018; Smith et al., 2019). However, the lack of significant observation does not connote that work pressure, sexual harassment, and work precarity are inconsequential to emotional exhaustion and somatic complaints (Demerouti & Bakker, 2023), especially among this type of workers. Instead, their impact might be overshadowed by other more dominant stressors (Hobfoll et al., 2018).

According to the Psychology of Working Theory, workers' perceptions and evaluation of work experiences are shaped by various factors, with socio-economic background and social class serving as the main lenses (Duffy et al., 2016). Worth noting, migrant domestic workers are usually from poverty-stricken backgrounds, moreover with limited employment opportunities in their home countries (Figueiredo et al., 2018; Parreñas, 2015). In pursuit of more satisfying employment that offers a livable wage sufficient to meet their basic needs and enhance their overall well-being, many are compelled to endure precarious working conditions. Consequently, their evaluations of work precariousness, such as experiences of work pressure, sexual harassment and work precarity manifestations, are often swamped up by the economic hardships in their countries of origin and their social status. In addition, the victimhood-agent debate suggests that female migrant domestic workers are active agents rather than passive victims, who are capable of resisting and surviving the demanding work conditions (Schumann & Paul, 2020). In line with this argument, some studies have poised that although female migrant workers might experience substantive instances of sexual harassment, they are cable of resisting unwanted advances rather than adopting a passive stance (Schumann & Paul, 2020). This perception of control likely mitigates the negative experiences that the workers could encounter. Also, migrant workers particularly experience substantive work precarity (Betti, 2018), which likely influences how they perceive and appraise ill health.

As hypothesized, job autonomy strongly and negatively predicted both emotional exhaustion and somatic complaints. The findings align with the understanding that autonomy provides individuals with a sense of control over their work processes and outcomes (Velez & Neves, 2016). This sense of control is crucial in preventing the onset of negative health outcomes. When employees have the freedom to make decisions about their work activities, they are better able to balance their responsibilities and recuperate from job demands (van Dorssen-Boog et al., 2020). Not only does this ability to self-regulate work activities improve efficiency, but it also serves as a buffer against the adverse effects of job stressors. Our findings are consistent with previous

research (e.g., Tai & Liu, 2007; Velez & Neves, 2016), which highlights the essential role of job autonomy in mitigating negative health outcomes. The ability to control work-related decisions appears to short-circuit the development of emotional exhaustion and somatic complaints by allowing migrant domestic workers to tailor their work environment such as better work scheduling to better suit their capabilities. Practically, job autonomy could be a key strategy in alleviating emotional and physical negative health outcomes among housemaids.

In addition, social support unexpectedly demonstrated a positive relationship with both emotional exhaustion and somatic complaints. It could be that this social support, which primarily emanates from family and friends, introduced additional stress through heightened financial obligations and requested emotional support. Job resources are conventionally believed to be beneficial, however, emerging research suggests that they can potentially intensify negative health outcomes (Schaufeli & Taris, 2014; Van Veldhoven et al., 2020), especially during resource loss spirals, a concept extensively explored in the literature (Demerouti & Bakker, 2023; Hobfoll et al., 2018). During these loss spirals, workers prioritize the preservation of existing resources rather than seeking to accumulate or expend more, and resistance of additional resources (Hobfoll et al., 2018). The immediate social support of female domestic migrant workers is their family left behind (Boccagni, 2015), while this support may also paradoxically contribute to heightened emotional exhaustion and somatic complaints. This owes to the simultaneous obligations they carry such as providing remittances and the dual family role, which includes giving of reversal social support (Boccagni, 2015). If the worker perceives an imbalance in the social support being received, it may increase the likelihood of experiencing emotional exhaustion and somatic complaints. Moreover, the interplay between the family roles and obligations back at home, coupled with the scarcity of viable alternative employment opportunities, perpetuates their engagement in precarious work environments. This phenomenon resonates with the Psychology of Working Theory, which emphasizes how structural constraints and survival imperatives drive individuals to persist in adverse employment conditions despite the significant personal costs involved (Blustein et al., 2019; Duffy et al., 2016). Therefore, it is essential to replicate our finding among other migrant domestic workers samples and to examine the circumstances under which social support can be deemed essential in mitigating negative health outcomes.

Unexpectedly, high CSE attenuated the negative association between autonomy and emotional

exhaustion to the point where the relationship became negligible. This finding may be explained by the overconfidence that individuals with high CSE have in their ability to cope with adverse working conditions, which in turn may undermine their ability to fully leverage available job resources. This aligns with the notion of "hyper-CSE," wherein individuals with exceptionally high CSE display overconfidence, an illusion of control, and sometimes maladaptive persistence (Hiller & Hambrick, 2005) potentially diminishing the benefits they derive from resources such as job autonomy in mitigating emotional exhaustion. Moreover, Chang et al. (2012) noted that the effects of CSE can be shaped by the work environment, where under excessively demanding contexts, high CSE might be less advantageous, whereas lower levels of CSE may confer a protective advantage by tempering with expectations. Conversely, the lack of moderating effects of CSE on the relationship between job demands (work pressure, family demands, sexual harassment, and work precarity) and emotional exhaustion and somatic complaints; social support and emotional exhaustion; job resources (social support and job autonomy) and somatic complaints suggests that physical symptoms may be less influenced by cognitive appraisals and more by the immediate physical and environmental aspects of the job, reinforcing assumptions of the JD-R model about the role of individual characteristics (Bakker, Demerouti, et al., 2023). However, more replications of our findings need to be conducted to confirm these findings.

Practical implications

The results of this study offer several practical implications for policy and practice concerning migrant domestic workers in the following ways: First, our findings highlight the prominent role of family demands as a key job demand among migrant workers. This likely stems from the dual-burden role these workers assume, which includes providing ongoing emotional, instrumental, and financial support to their families back home, often with limited reciprocal support (Boccagni, 2015; Van Bortel et al., 2019). Consistent with the JD-R model, unique job demands such as these may impede performance and compromise well-being (Demerouti & Bakker, 2011, 2023). Thus, pre-departure training should include dedicated modules on managing work-family role conflict, aimed at equipping workers with strategies to navigate these demands effectively. Additionally, host families could play a supportive role by facilitating regular communication and remittance processes, thereby helping to alleviate family-related stressors. Second, job autonomy emerged as a crucial job resource associated with reduced emotional exhaustion and

somatic complaints. This finding underscores the importance of advocacy efforts directed at sponsors to grant migrant domestic workers some degree of decision-making latitude, particularly around work schedules and task execution. Such autonomy not only fosters a sense of personal control and accountability but also acts as a protective factor against work-related ill-health (Bakker & Demerouti, 2007; Parreñas, 2015, 2021). Furthermore, the finding also suggests the need for host country governments (especially the gulf countries) to revise the Kafala system so as to grant the migrant workers some level of autonomy over their work execution. Third, the unexpected finding of social support and negative health outcomes suggests that informal family networks, often the primary source of support, may be insufficient within highly demanding work context, a finding consistent with theory (Van den Broeck et al., 2010; Van Veldhoven et al., 2020). To strengthen the support ecosystem, both sending and receiving countries, alongside labour externalization companies and sponsors, should consider instituting readily available free support mechanisms. These may include 24/7 helplines, structured peer support networks, designated rest days, and access to confidential and culturally sensitive counselling services. Fourth, the attentuating effect of CSE on the relationship between autonomy and emotional exhaustion points to the need for training centres to caution the migrant workers (during the mandatory training) against being overly confident in their personal abilities (high CSE) as this could prevent them from benefiting from available job resources in dealing with workplace challenges (Hiller & Hambrick, 2005). Given the instrumental role of CSE even under low conditions, pre-departure trainings curricula should incorporate modules aimed at enhancing this personal resource as an intervention for enabling workers to profit from job resources to prevent ill health. However, training should also address the potential risks of overreliance on one's self-confidence and perceived capabilities (i.e., high CSE), as this may undermine the workers' ability to effectively utilize available job resources in precarious work environments. Furthermore, training centres should provide targeted guidance on managing high workloads and reinforce workers' active agency in resisting sexual harassment. This should include structured protocols for reporting incidents, as well as practical resistance strategies tailored to the contexts migrant domestic workers are likely to encounter.

Limitations and future research

Our sample consisted solely of female migrant domestic workers, which, while representative of the majority, excludes the growing number of male domestic workers (Bartolomei, 2010; Tayah, 2016; Van Bortel et al., 2019).

Future research should include both genders to enhance generalizability. Additionally, focusing on female migrants from Uganda to Saudi Arabia limits our findings; including other sending and destination countries could yield different results. We also relied on self-report data, which is prone to common method bias (Fuller et al., 2016). Although we attempted to mitigate this with the diary method, future studies should incorporate data from sponsors (hosts) and recruitment agencies. While the JD-R model generally links workplace stressors to health outcomes, some key job demands did not predict negative health outcomes, supporting critiques that it may be overly broad (Schaufeli & Taris, 2014). Future research should replicate our study and consider other potential job demands (e.g., emotional labour or demands from the host family) and job resources (e.g., pay). The diary method captures events in real-time but relies on short instruments (Ohly et al., 2010), which may affect reliability. Alternative methodological approaches should be considered. Although the unexpected negative correlation between social support and emotional exhaustion and somatic complaints is not surprising, it could also be due to reversal causality. Hence, future research implementing a similar study can consider juggling the items on social support to state, for example, "When I feel bad, I reach out for social support," rather than, "There was someone I reached out to, who really listened with certainty when I wanted to speak up." Our sample size limits generalizability, underscoring the need for more extensive research on the stressors, impacts, and coping strategies of migrant domestic workers, although collecting data from this group is quite challenging (Betti, 2018). The results might be biased as we experienced considerable attrition. Although attrition analyses (available upon request from the first author) only indicated that participants with higher CSE and those reporting substantial somatic complaints exhibited high dropout rates, future research would likely benefit from strategies to enhance participant retention. The measure for work precarity may be positively skewed due to limited variance across participants. This restricted variability could have reduced the significant interaction effects in the regression. Future research could benefit from using other scaling methods such as the Likert format in order to increase variability. Additionally, our measure for work precarity did not fully capture the known work precarity measures such as pay and job insecurity (Buckingham et al., 2020). Future research could benefit from a widely encompassing work precarity measure to improve comparativeness. We analysed the data using the frequentist multilevel framework. This method is susceptible to Type 1 error inflation of the hypotheses and may not fully account for dependencies between tests (see Elff et al., 2016; Flores et al., 2022). Future research could benefit from employing other methods such as the Bayesian posterior intervals which are capable of naturally dealing with these issues.

Conclusion

Migrant domestic work, despite being highly vulnerable to precarity, remains under-researched. Our study focused on Ugandan female migrant domestic workers employed as housemaids in Saudi Arabia; whereby we utilized the JD-R model to examine how working under conditions of precarity might lead to their health impairment. The role of CSE in determining individual perceptions of the work conditions was also explored. Our findings indicate that family demands can lead to emotional exhaustion, while job autonomy inhibits both emotional exhaustion and somatic complaints. Interestingly, social support may exacerbate emotional exhaustion and somatic complaints in this context. Unexpectedly, high CSE attenuated the negative relationship between job autonomy and emotional exhaustion. This study underscores the need for comprehensive research to better understand the unique stressors and coping mechanisms of migrant domestic workers and to inform policies and interventions to improve their working conditions and overall well-being (L. Seubert et al., 2023).

Notes

1. We also conducted a sixth wave of data collection in August 2023, which was a follow-up through telephone conversations, but including these results is beyond the scope of this paper.
2. We should mention one particular story that describes how difficult it is to collect data from this group. During the data collection using the WhatsApp chatbot, a recorded audio message was circulated among the participants, cautioning them not to participate or risk giving out vital information which could be used to trace them and extract their kidneys. This huge setback to our data collection was mitigated by sending another recorded audio message to their WhatsApp groups and directly to them using the help WhatsApp number we gave them; re-emphasizing their confidentiality, anonymity, privacy and safety. We also repeated that those who felt insecure about their privacy had the liberty to withdraw from the study.
3. We like to mention that the questionnaire included additional variables: trust in God, submissive obedience, and sleep quality. We adopted the 5-items that measure trust in God from the trust in God, forgiveness by God and death anxiety scale (Krause, 2015), but we dropped

it after encountering a ceiling effect with nearly no variance ($M = 4.76$, $SD = 0.41$, $Md = 5.0$). In addition, the 10-item submissiveness to organizational authority scale (DeZoort & Ewoldsen, 1997), was dropped because it had a low reliability ($\alpha = .36$) and could not be improved by item deletion. We used one global item scale for measuring sleep quality, but it seemed unreliable, a commonly reported challenge with single-item scales (Allen et al., 2022); therefore it was also dropped.

4. We should also mention that we collected qualitative data guided by the research question "What do migrant domestic workers perceive and experience as precarious working conditions?" These findings might be reported in a different paper.

5. We applied grand-mean centring, as our interest lay in absolute levels (e.g., of sexual harassment) rather than in relative comparisons to individual means, which would have required group-mean centring. Furthermore, although we initially included the sociodemographic factors in the final model, they did not significantly change the results. Therefore, we excluded them.

6. We conducted two separate analyses: one involving only baseline variables and another focusing on participants in the biweekly diary group. While the groups initially showed significant differences in some sociodemographic factors at baseline, these factors were non-significant when included in the model spanning the four data collection waves. Furthermore, their inclusion did not significantly impact the effect sizes. Therefore, we excluded these factors from the final model to maintain parsimony and focus on the primary variables of interest.

Data availability statement

https://osf.io/hq6ps/?view_only=a4873e90f08b4d65b31bc30b6e8571bf

Disclosure statement

No potential conflict of interest was reported by the author(s).

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Ethical statement

The study was conducted under the ethical guidelines specified by the Saarland University Research Ethics Committee (#21–05). Since we used the online data collection method, we included an informed consent statement describing the study and asked for voluntary participation from the participants.

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