

DOI: 10.5281/zenodo.12426726

LIVED EXPERIENCES OF FEMALE FILIPINO EXPAT ICU NURSES IN SAUDI ARABIA

Elice Jude T. Rosete, PhD, MAN, MSN, RN, CHA, DipHLM^{1*}; Bianca Camille M. Tibayan, MSN, RN²; Lucila O. Sunga, PhD, MPA, MAN, RN³

¹²³Department of Nursing, College of Science, Tarlac State University, Tarlac, Philippines
University Research Office, Tarlac State University, Tarlac, Philippines

Received: 04/10/2025

Corresponding Author: Elice Jude T. Rosete, PhD, MAN, MSN, RN, CHA, DipHLM

Accepted: 02/02/2026

(elicerose@yahoo.com)

ABSTRACT

Nursing is a multifaceted and indispensable profession central to healthcare system that play a significant role in health promotion, illness prevention and delivering life – saving care, especially in highly - demanding intensive care unit. Filipino nurses, known for their compassion, competence, adaptation, professionalism resilience and deep-rooted commitment to patient care, are among the in – demand professions globally. In Saudi Arabian healthcare system, they constitute a significant percentage of expatriate nursing workforce, particularly those employed in the critical care setting. Despite previous studies that explored the general experiences of expatriate Filipino nurses, there exists a paucity of research focusing on gendered specific experiences of Filipino expat ICU nurses in the Saudi Arabia. This study aimed to explore and described the lived experiences of expat female Filipino nurses focusing on workforce integration as critical care nurse, cultural adaptation, their personal and professional challenges, and coping mechanisms. A qualitative phenomenological research design was utilized. Twelve (12) female Filipino expat ICU nurses were purposively selected following the set inclusion criteria, interviewed and observed through in – depth unstructured conversation. Data were analyzed utilizing Colaizzi's method. A significant statement was derived from the interview transcripts, leading to the identification of themes and subthemes that captured the essence of their lived experiences. Data saturation was achieved, ensuring the depth and rigor of findings. Results of the study revealed four emerging major themes and subthemes.: (1) Fear and Uncertainty; (2) Adaptation and Struggles, with subtheme Cultural Dissonance; (3) Valuing Life, Family, and Religion, with subtheme Resilience and Professional Adjustment; and (4) Transformative Competence. These themes highlight the challenges of cultural differences, the vital role of faith, peer group, and family in developing resilience, and the transformative journey of expat Filipino female nurses acquiring and developing their competency in a foreign critical care setting. The findings reveal that female Filipino expat ICU nurse in Saudi Arabia demonstrate resilience and adaptive transformation despite encountering distinctive challenges resulting from cultural, organizational and gendered – related factors. Their lived experiences underscore the importance for structured acculturation programs for foreign nurses to promote resilience, foster cultural integration, and strengthen professional adaptation. Reflecting on Transcultural Nursing Theory and Adaptation Model, the study present the idea of “Culturally Adaptive Resilience” an approach describing how expat nurses maintain professional competence and personal stability in cross-cultural environment. Future research and policy should support gender – sensitivity environment and acculturation

initiatives that strengthen cultural awareness, nurse retention, and delivery of highquality patient care in global healthcare systems.

Keywords: Adaptive Transformation, Cultural Adaptation, Expatriate, Female Filipino Expat ICU Nurses, Intensive Care Unit.

I. INTRODUCTION

Background of the Study

Nursing is a complex profession, which is important in the aspect of promoting health, preventing illnesses, and providing life-saving care, especially in high-intensity working units like intensive care units (ICUs). ICU nurses deal with patients with life-threatening illnesses or multi-organ disorders, which presuppose a high level of clinical competence, emotional stability, and quick evidence-based decision-making. Competence, flexibility and commitment to patient care are encompassed in Filipino nurses resulting in them being one of the most sought after healthcare providers in the world. The number of Filipino nurses in Saudi Arabia makes up a large percentage of the total number of nurses, especially in well-equipped care facilities where skilled nurses are always required (Alluhidan et al., 2020).

The Philippines has traditionally been regarded as one of the largest sources of nurses in the world, and many professionals immigrate to other countries in search of better professional growth, professional development, and financial stability (Trines, 2020; David et al., 2021). The Saudi Ministry of Health states that about 60 percent of nurses in the Kingdom are expatriates, most of them being Filipino, Indian, and Malaysian (Hamdan Alshammari and Alboliteeh, 2022). Although migration can offer professional development and better economic perspective, expatriate nurses usually face a number of issues like cultural adaptation, language barriers, workplace practice dissimilarities, and deficiency of professional authority (Alsadaan et al., 2021).

Islam cultural values and gender norms are a strong influence on the healthcare system of Saudi Arabia, which is significantly different in relation to the Philippines. Such cultural peculiarities influence nurse-patient interactions, expectations at the workplace, and professional duties (Falatah and Salem, 2018). The cultural practices such as the preference of same-sex caregivers by patients can add to the workload and professional demands that female nurses face (Alsadaan et al., 2021). These dynamics can be factors that lead to stress, job dissatisfaction and staff retention issues among expatriate nurses who work in foreign healthcare settings.

As nursing is a female-dominated field, a combination of gender and migration can also reveal expatriate nurses to gender bias and systematic inequality in the profession (Salvador et al., 2020). Despite the fact that a number of studies have been conducted to investigate the experiences of migrant

nurses in Saudi Arabia, not much study has been conducted to specifically capture the experiences of Filipino female ICU nurses. Since the population of Filipino nurses working in critical care facilities across Saudi Arabia keeps growing, it becomes vital to consider their experiences.

Available literature has put much emphasis on quantitative facets of nurse migration and workforce trend, staff retention, and job contentment. Nonetheless, there are limited research studies regarding the qualitative aspects of the experiences of migrant nurses especially the personal issues, coping mechanisms, resilience and professional adjustment of the Filipino ICU nurses in a foreign country. Moreover, little studies have focused on the long-term consequences of international ICU working context on the mental health of nurses, their professional progress, and overall well-being.

This paper seeks to fill these gaps by looking at the lived experience of Filipino female ICU nurses who are employed in Saudi Arabia. Their challenges, coping processes, and support systems could help in the formulation of culturally sensitive policies, better institutional support programs, and strategies that could help in fostering resilience amongst expatriate nurses who work in international healthcare settings.

REVIEW OF RELATED LITERATURE

The flow of nurses between the Philippines and the Western and Middle East countries should be put into a more global perspective of the healthcare workforce. Based on the State of the World Nursing Report, the World Health Organization (WHO), the International Council of Nurses (ICN), and the Nursing Now movement highlighted that international migration of nurses influences the resilience of the healthcare system, emergency preparedness, and universal healthcare provision (WHO, 2020). The proportion of nurses in the total healthcare workforce worldwide is over half, and developed nations are making use of foreign nurses to maintain their healthcare services (Parker, 2022; WHO, 2025; David and Gillin, 2021; Shin et al., 2024). The United Arab Emirates, Qatar, Kuwait, and Saudi Arabia are also considered one of the top destinations of Filipino nurses (Patinio, 2020).

The Philippines is a major exporter of nurses in the world, with approximately 240,000 nurses exported to the OECD countries and 15,000-20,000 nurses are sent out every year (Buchan, 2020). In 2023, 350,500 healthcare workers had been deployed overseas, with 95 percent of this number consisting of nurses, and 98 percent of registered Filipino nurses had planned to migrate (OWWA, 2023). Migration is also

a cause of workforce shortages in the countries where it is migrating into, but it is also a cause of understaffing in the Philippine healthcare system (Alibudbud, 2022; Ramos, 2023). The motivation of Filipino nurse migration is mostly the high wages and other benefits, higher positions, and the wish to quit the understaffed environment (Bentulan *et al.*, 2022; David and Gillin, 2021; Smith and Gillin, 2021). Saudi Arabia is competitive due to its need of foreign nurses and prospects of financial security and development (Husam *et al.*, 2023).

In spite of these advantages, expatriate nurses tend to face problems. They can be seen in the intensive care units (ICUs), where nurses are working with critically ill patients in the high-pressure environment and need advanced competence and emotional resilience (Dagus *et al.*, 2024; Limbu *et al.*, 2018; Perveen, 2022). COVID-19 increased the pressure by exposing nurses to increased workloads, high mortality rates, and ethical dilemmas (Beheshtaeen *et al.*, 2023; Pogoy *et al.*, 2021).

The cultural values of Islam, stringent gender roles, language, and workplace incivility complicate the adaptation process in Saudi Arabia (Alreshidi and Alsharari, 2021; Bandar *et al.*, 2023; Tayeb *et al.*, 2023). Language barriers are likely to become a barrier to the communication between nurses and patients and introduce misunderstandings, decreased patient satisfaction, and medical errors, which leads to nurses learning to speak basic Arabic and adjust to local practices (Alotaibi and Alanazi, 2022; Howick *et al.*, 2024; Alkaabi and Orchard, 2024). Stress, burnout, anxiety, and depression also affect expatriate nurses, which are aggravated by the separation and isolation in foreign countries (Chen *et al.*, 2024; Berdida *et al.*, 2025). Peer support, faith or spirituality are common coping strategies (Berdida *et al.*, 2025; Pogoy *et al.*, 2021).

Expatriate nurses can also experience low levels of career development, wage differences, job insecurity, discrimination, and bullying (Alanazi and Yates, 2022; Billah *et al.*, 2020; Alhusain *et al.*, 2020; Salvador *et al.*, 2020). Since nursing is a field that primarily involves women, there is a potential of gender burdens being placed on women in Saudi healthcare contexts and work-family conflict (WHO, 2025; Bourgeault *et al.*, 2021; Labrague *et al.*, 2020). On the whole, it can be seen in the literature that despite economic opportunities that stimulate migration, expatriate nurses usually have to confront the problem of culture, professional, and psychological difficulties. Nonetheless, cultural adaptability, peer support, and professional commitment are sources that enable Filipino nurses to be resilient (Galingana

et al., 2025; Pacamana, 2023; Salvador *et al.*, 2020). Nonetheless, minimal phenomenological studies have been conducted to investigate the meaning of lived experiences as perceived by Filipino female ICU nurses in Saudi Arabia, and it is important to conduct qualitative research.

Research Gap

Although the population of Filipino nurses expatriates in Saudi Arabia has steadily grown in the intensive care units (ICUs) as nurses, there is a lack of research that has explored the lived experience of Filipino women in the ICU nurses. The current literature is predominantly concerned with general issues of migrant nurses, including cultural adaptation, work-related stressors, and job satisfaction without taking into consideration gender-specific experiences that develop due to cultural expectations and professional standards.

A majority of the studies not only focus on the quantitative sides of nurse migration such as the workforce trends and retention but also less on the qualitative details of the personal issues, coping mechanisms and resilience of the Filipino female nurses working in ICU. Moreover, there is a dearth of studies on the psychological, professional, and health outcomes of working in the foreign ICU setting in the long run, in relation to nurses. This paper fills these gaps by discussing the lived experiences of Filipino female ICU nurses in Saudi Arabia to make informed policy and workplace practices to become culturally sensitive.

Research Objective

The proposed phenomenological research will examine the lived policies of Filipino women ICU nurses in Saudi Arabia. In particular, it aims at finding the challenges associated with cultural, religious, and gender issues, exploring their coping mechanisms, discussing their resilience and professional adaptation, and offering the recommendations based on culturally sensitive policies that facilitate nurse welfare and retention.

Significance of the Study

This research has a contribution to nursing administration, education, practice, and research. The results can provide the administrators with the policies that can help address migration nurses and foster culturally sensitive healthcare settings. They can also promote enhancement of nursing education by incorporating issues of cultural competence, international nursing and critical care practice. Moreover, the results of this study might contribute

to cultural awareness and patient-centered care in various healthcare facilities since the authors will be able to understand the experiences of Filipino ICU nurses working overseas.

Scope and Delimitation

This paper is devoted to the experiences of the Filipino expatriate nurse females who work in the intensive care units of hospitals in Saudi Arabia. The participants were chosen purposely under the following criteria: Filipino, female, licensure in both Philippines and Saudi Arabia, working in an ICU, a minimum of five years of ICU experience in Saudi hospitals, and willingness to participate. The results are detailed but might not be applicable to male nurses, non-Filipino expatriate nurses and nurse in other specialties.

Philosophical Underpinning

It was a descriptive phenomenological study that employed the inductive methodology to learn the lived experiences of Filipino female expatriate ICU nurses. The research was based on emic approach, which identifies the reality as the experiences and language used by the participants. The ontological basis of the study is that of relativism, which presupposes that reality is subjective and is different in different individuals. It follows subjectivism epistemologically and it stresses that knowledge arises out of how people interpret their experiences.

Theoretical Underpinning

The proposed work is based on the Transcultural Nursing Theory made by Madeleine Leininger and the Adaptation Model proposed by Sister Callista Roy. The theory proposed by Leininger focuses on culturally congruent care and the necessity to be aware of the cultural beliefs and practices of patients. This applies in Saudi Arabia where the Islamic traditions and cultural norms determine the state of healthcare practices in the country.

Roy Adaptation Model describes how people react to the forces of the environment. The issues that expatriate ICU nurses suffer include cultural adaptation, stressful migration, and critical care practice pressures. The model emphasizes the capacity of nurses to respond to these stressors using coping mechanisms that help them to maintain resilience and professional operations.

RESEARCH QUESTION

The study was conducted to describe the lived experience of Filipino female Intensive care unit (ICU) nurses working in Saudi Arabia.

Specifically, it sought to answer the question:

1. What is the lived experience of the female Filipino expat nurses working in hospitals in Saudi Arabia assigned in the intensive care unit?

II. METHODOLOGY

Research Design

This was a qualitative descriptive phenomenological research to examine the lived experiences of Filipino female expatriate intensive care unit ICU nurses in Saudi Arabia. The choice of a phenomenological approach was determined by the fact that it is aimed at getting a picture of personal and professional experiences of participants, the pressures they were facing, how they were coping, and what meaning they attributed to their experience. Descriptive phenomenology helped the researchers to study the phenomenon also in details but at the same time they were able to record the views of the participants using their own stories. The design offered a methodical means of learning how the Filipino female nurses in ICU perceive and react to the realities of operating in a foreign healthcare setting (Neubauer et al., 2019; Polit and Beck, 2017).

Participants and Sampling Method

This was a qualitative descriptive phenomenological research to examine the lived experiences of Filipino female expatriate intensive care unit ICU nurses in Saudi Arabia. The choice of a phenomenological approach was determined by the fact that it is aimed at getting a picture of personal and professional experiences of participants, the pressures they were facing, how they were coping, and what meaning they attributed to their experience. Descriptive phenomenology helped the researchers to study the phenomenon also in details but at the same time they were able to record the views of the participants using their own stories. The design offered a methodical means of learning how the Filipino female nurses in ICU perceive and react to the realities of operating in a foreign healthcare setting (Neubauer et al., 2019; Polit and Beck, 2017).

Research Instruments

The unstructured interviews, observation, and audio or video recording were used to gather data. The unstructured interview guide included open-ended questions to allow the participants to share their experiences in their own words and the researcher ask the follow-up questions as needed (Hassan, 2023). The interviews were carried out through

conversational mode to ensure that the participants feel free to share their experiences.

Online communication via Zoom, Skype, Viber, or Messenger was employed in case of the impossibility of face-to-face interviews. Email messages were also used where the clarification of the responses was required. During interviews, observation was done to record non-verbal communication and emotional expressions that may add to knowledge on the experiences of the participants.

Audio and video records were employed to make sure that the information obtained was accurate and could be easily transcribed, as well as analyzed by detailed analysis of the stories provided by the participants (McMullin, 2023).

Data Gathering Procedure

Purposive sampling was used to recruit the participants according to the inclusion criteria. All the participants were provided with informed consent form before the interviews were conducted to explain the purpose of the study, procedures to be undertaken, duration of study, possible risks and benefits, confidentiality and voluntary participation. The research subjects could pose questions prior to signing the consent form.

The interviews were arranged in a way that would be convenient to the participants and the interview normally took between forty-five minutes and one hour. Interviews were also audio or video recorded with the consent of participants to improve the process of documenting their responses. The participants were requested to be frank enough to share their experience and were not bound by any questioning aspect and could quit the study at any point without any repercussions.

The data of all interviews were systematized and transcribed word-to-word. To ensure confidentiality, the participants were not given real names but a different alphanumeric code. As per the Data Privacy Act of 2012 (RA 10173), all the data were securely stored in password-used files, and the printed ones were stored in a locked cabinet and then disposed of accordingly.

Data Analysis

Colaizzi phenomenological method was used to analyse data. Transcripts were read through again and again in order to become familiar with what the participants spoke about. Meaningful statements were identified, coded, and sorted into theme clusters that represented common experiences of the participants. A detailed description of the

phenomenon was then made up on the basis of these themes.

The analysis was done following the process described by Colaizzi; familiarization with transcripts, identifying important statements, creating meanings, grouping themes, creating an exhaustive description, discovering the basic form of the experience, and confirming the results with the participants. The analysis was also peer reviewed to increase the credibility of the analysis.

Ethical Consideration

The research was conducted in the light of ethics. The ethical committee of the TSU reviewed the study protocol and gave it their approval prior to the commencement of data collection. The involvement was on a voluntary basis and the participants were allowed to withdraw or refuse without being punished. All the participants were informed by written consent and ensured privacy and confidentiality were upheld in the study.

III. RESULTS

PROFILE OF THE PARTICIPANTS

The study sample comprised of female expat Filipino nurses operating in the specialized field of critical care unit among the Saudi hospitals. They had spent, at minimum, five years working in the country, which provided them with a vast exposure and experience of the culture and clinical requirements of working in Saudi Arabia. The respondents who participated in the study were married women, women with sole parental responsibilities, and unmarried women with the ages that were within the range of twenty-five (25) and sixty-five (65). The percentage of the participants who were working as the staff nurses was very high; some of the participants had been promoted to the leadership and specialized positions. This is an indication of their effectiveness and career development in the foreign health care system. The common experiences of this expatriate female Filipino nurse in the intensive care unit gives a handy piece of information and information on the challenges and resilience that accompany living and working in the environment that is too different to their culture.

THEMATIC ANALYSIS

Several substantial assertions were extracted from the transcriptions of the twelve participants. Formulated meanings were generated from the analysis of the data and four major themes emerged with two subthemes as summarized in Table 1.

Major Theme	Subtheme
Theme 1: Fear and Uncertainty	
Theme 2: Adaptation and Struggles	Cultural Dissonance
Theme 3: Valuing Life, Family and Religion	Resilience and Professional Adjustment
Theme 4: Transformative Competence	
Table 1: Themes	

Theme 1: Fear and Uncertainty

This theme portrays the emotional and psychological struggles that Filipino expatriate female nurses are going through in Saudi Arabia. On arrival, some of the participants were found to be anxious, uncertain, and fearful of the unknown as they adapted to the new country and cultural setting as well as to the healthcare setting. The new language, the expectations at the workplace and social norms were among the factors that led to their initial stress and vulnerability. These difficulties did not always remain at the emotional level as they were also experienced physically leading to tension and worry about their capacity to adjust to their new positions. During the initial days of their stay overseas, the participants referred to strong feelings related to being uncertain about the future and their professional duties in a new environment as seen in the statement of one of the participants.

"Yung unang araw ko, halo halo ang emosyon, may takot at kaba syempre, kasi bagong bansa at bagong environment ito para sa akin. Hindi ko alam ano ang pwedeng mangyari sa akin dito".

Theme 2: Challenges and Adaptations

It was like asking these female Filipino nurses to dance on music that they had never heard. Every time there was an encounter it was as though they had gone wrong in a dance floor with which they were not familiar. The rhythm, the language were unintelligible, the manners of social dances were twisting their familiar movements. Their voice had been dampened by the language of their language like the music of a performance which was too loud to hear what they were saying, misconceptions were cunning them and cultural norms were restraining them. However, day by day they listened more, moved more graciously, and gradually acquired the rhythm. These Filipino expatriate ICU nurses who were female shared the fact that it is not an easy task to adjust and adapt to a new environment just as it is very difficult to adjust and adapt to the healthcare system. They tend to describe their place of work as physically and emotionally challenging. They both treat a number of patients of a culturally alien healthcare system and treat the patients in the critical

care and on the advanced life support and coping with the complex and highly sophisticated medical devices and responding quickly to emergencies as articulated by one of the participants:

"Maraming pagkakataon na gusto ko nang sumuko. Lalo na kapag sunod-sunod ang admission sa ICU tapos makikita mo na sobrang critical ang cases nila. Wala kaming pahinga pag ganun at minsan hindi na nakakain lalo na kung toxic un pasyente mo. Ibang – iba ang trabaho ng ICU nurse dito, pagod kung pagod Talaga, sulit ang sahod. Yung pisikal na pagod, nakakayanan ko pa. Pero yung emosyonal na bigat, iba yun. Minsan pakiramdam ko nauubos na ako – hindi lang bilang nurse, kundi bilang tao"

Subtheme: Cultural Dissonance

The expatriate Filipino nurses were as beautiful, strong, lovely orchids that were planted in a desert, and they were stretching in the unfamiliar breezes. They were not only burdened with saving lives in the intensive care unit (ICU) where life and death were carried out on a thin thread but were also burdened with the intangible burden of how to get around a world that at times thought they were too handicapped by their womanhood. The male voice was to be subdued; they tended to be most blaring, such as sandstorms that ate the tenderness of every blossom. They stood upright on certain days when they were dwarfed in the room, and bowed on others without uttering a word, as the strain increased but never bent them. They were able to bloom like other plants even though their path was not an easy one; just like a desert flower. When these expat female Filipino ICU nurses faced genderrelated issues that were related to cultural, societal and institutional demands, they were capable of coping with it by altering, adapting and adjusting to conform to the standards of Saudi according to their cultural norms and actions. Participant said sometimes even during an outside work, their feeling of autonomy and identity are influenced by the necessity to wear an abaya or be conservative in their attire. In addition, the cultural constraints of limitation of interaction between the genders in the public place made them feel isolated. They are also usually not allowed or even disheartened to do physical examination to a

male patient unless necessary and may need a male guardian or another employee. These limitations hinder the clinical performance and may cause a delay in emergency treatment as expressed by the interviewee:

"Malaki ang epekto ng kultura. Mahigpit ang dress code – lagi kaming naka-abaya kapag nasa labas at cover sa buhok kahit sa loob ng hospital. Kailangan naming sumunod sa kanilang batas at patakaran. Hindi rin kami basta-basta nakakapag-socialize gaya ng sa Pilipinas. Sa hospital naman, kailangan naming maging maingat sa pakikitungo sa mga kalalakihan, lalo na sa mga pasyente, dahil iba ang kanilang kultura. Mababait lahat ng mga Saudi na nakakasalamuha ko, pero kahit ganun pa man kailangan pa rin naming mga babae sumunod sa kanilang kultura."

"Iba ang environment doon – mas mahigpit sa rules, lalo na sa mga babae, kahit sa loob ng hospital. Pero unti-unti ko natutunang mag – adapt at mag – adjust, lalo na sa kanilang kultura at sa mga pasyente sa hospital."

The Filipino nurses who are placed in the intensive care units within the hospital in Saudi Arabia are faced with the challenge of communicating. Despite the fact that the limited Arabic can assist in dealing with basic contacts with their patients and colleagues, it is difficult to have profound conversations. Other than administration of quality healthcare service to the patients, expatriate Filipino ICU nurse was required to explain significant procedures and provide emotional support that was too hard without speaking the shared language. They tend to rely on gesture, sign language, translating devices or bilingual co-workers in their several months which is at times hard in situations of emergency as verbalized by a participant:

"Isa sa pinakamabigat na hamon na na-experience ko nung bago pa ako dito sa Saudi ay yung language barrier. Nahirapan akong makipag usap and express ang gusto kong sabihin sa akin mga pasyete pati sa kanilang mga pamilya. Madalas akong gumamit ng sign language, interpreter o kaya ay basic Arabic na salita para makipagcommunicate sa aking mga pasyente"

Theme 3: Valuing Life, Family and Religion

Their connection to the family was kept close even thousands of miles away as these expatriate ICU nurses of female Filipino descent could have their hearts stretched against the unbelievable distances abroad with the help of tree roots. The irrigation of those roots was prayers and the water of each root was tears. They were longing, and standing erect on alien soil, and moved with longing, though not to disobey. They were using invisible interconnections; faith turned into the sun that they saw on a daily basis and the light that directs them through loneliness and silence even when they do not feel the

embrace of their children or the embrace of their parents. The sadness of these expat nurses was the need to miss their children, parents and home life. Video calls were unable to substitute hugs and the coziness of being at the same place, which was the desire of many. Nonetheless, in the context of this desire, their faith that was usually at the main part of their identity proved to be their massive source of strength. Prayer turned into every day ritual and God turned out to be an ever present companion. Moreover, respondents disclose that peer support is significant. The relationship that had formed among the other Filipino nurses becomes a sub proxy family making them find some places of comfort, understanding and support. Further, the distance can be minimized by means of virtual conferences and message help, however, technology cannot take the place of the physical touch and presence entirely, and particularly, when major occasions are concerned, as the participants themselves say:

"Malaking tulong ang pananampalataya ko sa Panginoon. Tuwing nararamdaman kong hindi ko na kaya, humihingi ako ng lakas sa Diyos".

"Mahalaga din yung suporta ng pamilya ko sa Pilipinas – lagi ko silang tinatawagan videocalls pag nasa bahay na ako galing duty o kaya pag day off ko. Kahit malayo sila, ramdam ko yung pagmamahal at suporta nila.

Pero hindi pa rin matutumbasan ng kahit anong chat at videocall ang pisikal na halik at kayap mula sa akin pamilya"

Subtheme 3: Resilience and Professional Adjustment

The Filipino female expat nurses rowed their ships through the rough waters in the relentless ocean of ICU duty where each swell of stress was going to overturn their will. The sails adhering to the resilience winds, the deep breathing was the gusts that ensured the stability of their vessels, and mindfulness was the consistent rudder that helped them to navigate the storm. Such nurses emphasize various coping strategies that they employed in dealing with the high stress and physically challenging intensity care unit. The coping strategies that may be mostly used among these expat nurses are faith and trust in oneself. This was their primary source of emotional strength. Furthermore, peer relationship becomes crucial in enabling these female Filipino expatriate nurses to deal with the pressure in the critical care unit. Irrespective of their ethnicity, the Filipino expat nurses tend to have a strong connection with their colleagues that can lead to the development of a culture of mutual empathy and teamwork as stated by the participants:

"Kailangan mong manatiling kalmado kahit gaano kahirap at kapagod ang trabaho sa ICU. Nasa critical care unit kami, kaya buhay ng pasyente ang nakasalalay sa amin. Kapag may emergency, automatic na tumatakbo ang utak ko sa training at hospital protocols. Maraming kailangang sundin na iba't ibang protocols lalo na at under kami ng ministry of health. Maswerte rin ako kasi may mga katrabaho akong mababait, supportive, at matulungin. Sa unit namin, kahit anong lahi o nationality ka man lagi kami nagtutulungan para mas mapagaan ang trabaho."

"Nakakatulong sa akin yung pakikipag-usap sa mga kasamahan ko mapa Indian o Pakistani manyan, pero mas lalo na sa mga kapwa ko Pinoy. Nagiging parang pamilya kami sa isa't isa. Nagkakasama kami pagkatapos ng duty, kumakain, nag kukwentuhan o kaya lumalabas, at minsan umiiyak na lang kaming magkakasama dahil sa pagod at lungkot."

Theme 4: Transformative Competence

The change in these expatriate Filipino nurses in the critical care unit did not come without drama; it was moderate. Like metals in a furnace, they were put to the trial of pressure, conflicts and pain. Any failure was a strike of hammer that formed them, any ordeal is a fire which burns and makes them stronger. What comes out was not the same person that came into the gates of the airport shaking with a hand. Rather, an individual was transformed into a sword made with experience not hardened to inflict pain but honed restore with tenderness, accuracy and impossible invulnerability. Other than the tribulations, an easier, more compelling account of development and endurance were crafted. These Filipino expat nurses did not only survive, but thrived. Pressure of work, cultural adaptation, and care delivery in a different location taught them a higher level of professionalism and compassion. They also saw themselves not only as employees, but as an individual, and as professionals who are more matured and stronger versions of themselves. The concept of change can be seen in the narratives of these Philippine-based female ICU nurses. They established that they were able to learn, adapt and develop in their new setting despite all the complexities and problems they faced. This life changing competency is the capacity of them to be able to combine clinical knowledge, cultural sensitivity and personal development in their professional identity. In addition, they highlighted the way their experiences transformed their perception towards cultural diversity, resiliency and empathy. They are more skilled in managing complex intercultural contacts and working with stressful situations professionally expressed by the interviewees:

"Noong naka apat na taon na ako bilang isang staff nurse, nabigyan ako ng recommendation galing sa head nurse naming para ma-promote bilang ICU clinical resource nurse, hangang nung tumagal na promote ako ulit at naging assistant head nurse ng ICU. Akala ko dahil pinoy hindi ko mararating ang mga ganun posisyon. Kaya malaki ang pasasalamat ko sa tiwala ng mga katrabaho ko lalo na sa head nurse namin"

"Binago ako ng karanasang ito nang higit pa sa inaakala ko. Bilang ICU nurse dito sa Saudi, naging mas maingat ako at lalong malalim ang aking pag-unawa sa bawat pasyente at katrabaho. Natutunan ko kung paano makisalamuha at makibagay sa iba't ibang kultura – kung saan isa ito sa sobra kong pinagmamalaki at pinagpapasalamat"

IV. DISCUSSION

1. Interpretation of Findings

The results present an understanding of the experience of Filipino female ICU nurses in Saudi Arabia, where different factors including culture, professional, and gender-related issues are interconnected. They were divided into four themes: (1) Fear and Uncertainty, (2) Adaptation and Struggles with Cultural Dissonance, (3) Valuing Life, Family and Religion with Resilience and Professional Adjustment and (4) Transformative Competence. The themes indicate the weaknesses as well as the strengths of expatriate Filipino nurses that serve in high intensive critical care units.

Respondents indicated that they experienced a lot of anxiety upon joining Saudi Arabia the first time because of new cultural values and standards, expectations of the job, language, and the stress of the practice in the ICU. The findings are consistent with Galingana et al. (2025), which pointed to the necessity that foreign nurses refine their own care practices in the systems of culturally different healthcare. The fear of inadvertently breaking cultural or religious standards became a source of emotional pressure too, which validates the findings of prior research, indicating a psychological burden that migrant nurses go through in their initial adaptation (Cubelo et al., 2024; Theron et al., 2024). The issues emphasize the necessity of psychosocial and mental health support of expatriate nurses (Alkaabi and Orchard, 2024; Berdida et al., 2025).

The differences in culture played a great role in professional and personal experiences. The participants talked about adapting to a healthcare system that was defined by Islamic principles, gender roles, and family values. These results are also exemplified by other studies that demonstrate that internationally educated nurses tend to have a case of cultural shock when they are adapting to new

working conditions (Dagus et al., 2024; Tayeb et al., 2023). It was also difficult to adjust to technologically advanced and protocol extensive ICU settings which demanded excellent clinical competence and flexibility (Abdullah et al., 2022).

The language barrier also complicated communication with patients and colleagues in healthcare providers, which added to the stress and the possibility of miscommunication in the clinical environment. Other researchers also note that language disturbances have a detrimental impact on patient outcomes and professional assimilation of migrant nurses (Alotaibi, 2022; Howick et al., 2024; Thesander et al., 2024).

It was also gender norms that influenced the experiences of Filipino nurses in Saudi Arabia. Gender roles, dress code, and social interaction were also sometimes a source of cultural expectations that limited professional autonomy and led to the feeling of isolation (Gauci et al., 2023; Aly and Alnajjar, 2025). The results align with the studies, which provide that rigid cultural attitudes can affect the workplace environment and personal well-being of expatriate healthcare providers (Alluhidan et al., 2020).

Nevertheless, participants were resilient and flexible. Different people spoke of the emotional sacrifice involved in migrating such as homesickness and loss of family. These experiences are a manifestation of the actualities of labor migration, when employment opportunities can be both professional and painful in terms of emotional and psychological price (Datu et al., 2022). Coping strategies such as faith, social support, and professional commitment were identified to be an important way of helping nurses be able to cope with stress and retain their roles in challenging ICU settings.

The theme Valuing Life, Family and Religion reveals the need to use spirituality and social support to maintain emotional health. These coping mechanisms are in accordance with the Adaptation Model that presents the way of how people are able to have balance in stressful situations (Falatah and Salem, 2018; Pogoy and Cutamora, 2021).

The theme Transformative Competence indicates the professional and personal development of the Filipino ICU nurses in foreign countries. Participants also reported that they were more culturally aware, better clinical competent, and felt stronger appreciation of their profession. The change justifies the idea of culturally adaptive resilience, which is the combination of Transcultural Nursing Theory by Leininger and the Adaptation Model by Roy, in which nurses create adaptive mechanisms that not

only facilitate professional performance, but also make them culturally sensitive caregivers.

In general, the stories of Filipino female ICU nurses in Saudi Arabia help to understand the multifaceted nature of cultural adaptation, gender norms, language obstacles, and working conditions. In spite of such challenges, participants exhibited their resilience and professional development. The conclusion of these results is that policies and supportive work environments must be culturally sensitive and well-structured acculturation programs should be implemented to improve the welfare and retention of expatriate nurses.

Limitations

Only the Filipino female ICU nurses were considered in this research and male nurses and expatriate nurses of other nationalities are not included, which diminishes the relevance of the results. Also, the use of self-reports can result in a social desirability bias.

Future Research Directions

Future studies can consider the experience of expatriate nurses of other nationalities to conclude whether they experience similar problems in migrant nursing groups. Research of male Filipino nurses may also generate some information about gender relations in the Saudi healthcare framework. The future longitudinal research can also focus on the emotional and professional adaptation of expatriate nurses during the course of time. Furthermore, research on the policy issues in labor migration and work practices might shape the measures in order to empower migrant nurses. The studies of incorporating global health, cultural competence, and intercultural communication training into the nursing curricula in the Philippines can also aid in equipping nurses with international practice.

CONCLUSION

Investigating the life experience of expatriate female Filipino ICU nurses in Saudi Arabia presents a comprehensive insight into their experience that informs their lives and career. What it finds is that the complicated realities in their personal and professional life, it points out the richness of emotional, cultural and professional issues that affect their journey. Although the obstacles that the workers face are caused by cultural, organizational, gendered-based factors and the stressful nature of the ICU work, it slowly transforms into adaptability, resilience and development within a new healthcare system. Their story proves the flexibility and strength of Filipino female ICU nurses working in

other countries, as people might grow and develop personally and professionally under the pressure, become competent and more confident in self-awareness.

Their experiences indicate a multifaceted interaction of cultural and professional difficulties in the Saudi healthcare system; thus, the results demonstrate the necessity of systematic acculturation of expatriate Filipino nurses to help them integrate culturally, become more resilient, and adapt to the profession.

THEORETICAL IMPLICATION

Relating the two theoretical approaches of the transcultural nursing theory and the adaptation theory by Roy, this study reveals a necessity of having an integrated theory that integrates the cultural sensitivity and adaptive resilience in the expatriate nursing practice. The results indicate that further theoretical development of nursing may be directed at the concept of Culturally Adaptive Resilience that implies the way nurses, in spite of cultural barriers, preserve professional and personal steadiness in global healthcare settings.

PRACTICAL IMPLICATIONS

The results of the research have significant consequences in the nursing education, practice and even policy in the Philippines and in Saudi Arabia. In the Philippines, nursing schools ought to enhance the nursing curriculum by including the intercultural communication, cultural competence, global health, and resilience training to enable nurses to be more prepared to work internationally. Alternatively,

recruitment agencies and professional bodies can also establish pre departure orientation and acculturation programs that enable nurses to be oriented and settle in the cultural and professional setting in a foreign country without compromising on their welfare.

Gender sensitive policies in the workplace should be implemented in healthcare institutions in Saudi Arabia to ensure that there is a fair spread of responsibilities and equal chances of professional growth among expatriate nurses. Hospital administrators can also implement cultural orientation and resilience-building interventions to facilitate the process of adapting and mitigating stress at the workplace among foreign nurses in the critical care departments. The acknowledgement of the role of Filipino expatriate nurses can contribute to job satisfaction and increase the provision of culturally competent and patient-centered care. On the whole, these actions can be used to make sure that migrant nurses are ready, supported, and empowered to provide efficient services to global healthcare systems.

ACKNOWLEDGEMENTS

The researchers would like to express their sincere gratitude to all the participants whose invaluable contributions enriched the depth and rigor of this study. Their willingness to share their lived experiences as a female ICU nurses working in Saudi Arabia was essential to achieving the research objectives.

REFERENCES

1. Adarlo, L. (2023). Challenges of Filipino Nurses Towards International Integration. *Asia Pacific Journal of Management and Sustainable Development*, 11(2), 30–40. <https://research.lpubatangas.edu.ph/wp-content/uploads/2024/07/4.https://research.lpubatangas.edu.ph/wp-content/uploads/2024/07/4.-APJMSD-2023-28.pdf>
2. Alabdullah, A., Whiting, L., Littlechild, B., & Liu, B. (2022). Workplace stress in paediatric intensive care units in Saudi Arabia: A mixed-methods study. *Journal of Nursing Education and Practice*, 13(2), 44. <https://doi.org/10.5430/jnep.v13n2p44>
3. Alanazi, A. K., & Yates, C. (2022). Factors behind Expatriates Nurses Job Dissatisfaction in Hail's Public Hospitals, Saudi Arabia. *Saudi Journal of Nursing and Health Care*, 5(4), 76–83. <https://doi.org/10.36348/sjnhc.2022.v05i04.002>
4. Alhusain, F., Aloqalaa, M., Alrusayyis, D., Alshehri, K., Wazzan, S., Alwelyee, N., & Nawfal, A. (2020). Workplace violence against healthcare providers in emergency departments in Saudi Arabia. *Saudi Journal of Emergency Medicine*, 5–14. <https://doi.org/10.24911/sjemed/72-1571404869>
5. Alibudbud, R. (2022). When the "heroes" "don't feel cared for": The migration and resignation of Philippine nurses amidst the COVID-19 pandemic. *Journal of Global Health*, 12(35604059). <https://doi.org/10.7189/jogh.12.03011>

7. Alkaabi, O., & Orchard, C. (2024). Nurse-patient Relationships and Expatriate Nurse in Saudi Arabia: Challenges and Implications. *Journal of Modern Nursing Practice and Research*, 4(2), 9. <https://doi.org/10.53964/jmnpr.2024009>
8. Alluhidan, M., Tashkandi, N., Albloushi, M., Omer, T., Alghaith, T., Alghamdi, M., Aljuaid, M., Almalki, M., Alazemi, N., Alhalal, E., & Almadani, S. (2020). Challenges facing the nursing profession in Saudi Arabia: An integrative review. *BMC Nursing*, 19(1), 117. <https://doi.org/10.1186/s12912-020-00499-8>
10. Alotaibi, O. G., & Alanazi, A. K. (2022). Evaluating the Extent of Language Barriers Among Health Professionals in the Saudi Arabian Health System. *Galore International Journal of Applied Sciences and Humanities*, 6(3), 139–152. <https://doi.org/10.52403/gijash.20220716>
11. Alreshidi, N. M., & Alsharari, A. F. (2021). Work-life balance of expatriate nurses working in acute care settings. *Nursing Open*, 8(6). <https://doi.org/10.1002/nop2.1033><https://doi.org/10.1002/nop2.1033>
12. Alsadaan, N., Jones, L. K., Kimpton, A., & DaCosta, C. (2021). Challenges Facing the Nursing Profession in Saudi Arabia: An Integrative Review. *Nursing Reports*, 11(2), 395–403. <https://doi.org/10.3390/nursrep11020038>
13. Aly, E., & Alnajjar, H. A. (2025). Brain Drain and Retention Strategies: Lived Experience of Expatriate Nurses in Saudi Arabia: Challenges and Implications. *Journal of Nursing Management*, 2025(1). <https://doi.org/10.1155/jonm/9947313>
14. Atta, M. H. R., Baraka, A. A. E., & Hassan, E. A. (2025). Challenges and Opportunities Faced by Migrant Nurses in the Receiving Country: A Mixed-Methods Study on Cultural Adaptation and Professional Integration. *Journal of Advanced Nursing*. <https://doi.org/10.1111/jan.16838>
15. Bandar Abdulmohsen Alsharif, Abdulwahab Omar Althomali, Talal Muhaysin Alnefaie, Adel Atallah Alnefaie, Abdullah Mohammed Alghamdi, Mazen Ibrahim Alotaibi, Hassan Mayudh Alzaedi, & Sultan Awadhallah Althobaiti. (2023). The Impact of Cultural and Religious Beliefs on Healthcare Practices in Saudi Arabia. *Migration Letters*, 20(S12), 1552–1557. <https://migrationletters.com/index.php/ml/article/view/9181><https://migrationletters.com/index.php/ml/article/view/9181>
16. Beheshtaeen, F., Torabizadeh, C., Khaki, S., Abshorshori, N., & Vizeshfah, F. (2023). Moral distress among critical care nurses before and during the COVID-19 pandemic: A systematic review. *Nursing Ethics*, 31(4), 9697330231221196. <https://doi.org/10.1177/09697330231221196>
17. Bentulan, L., Colborn, L., Rhoubynne, G., Jacinto, F., Lanzaderas, J., Remolador, A., Vito, L., Domapias, L., Lupio, S. M., & Sajonia, R., (2022). Factors Motivating Boholano Nurses to Work Abroad College of Nursing Students in the School Year, 2018-2019. *Academe*, 10(1), 42–58. <https://doi.org/10.15631/ubmrj.v10i1.164><https://doi.org/10.15631/ubmrj.v10i1.164>
18. Berdida, D. J. E., Grande, R. A. N., Alshammari, M. H., & Lopez, V. (2025). Stress, psychological well-being, social support, practice environment, resilience, job satisfaction, and acculturation among Filipino internationally qualified nurses: A structural equation model. *Nursing Outlook*, 73(3), 102424. <https://doi.org/10.1016/j.outlook.2025.102424><https://doi.org/10.1016/j.outlook.2025.102424>
19. Billah, S. M. B., Saquib, N., Zaghloul, M. S., Rajab, A. M., Aljundi, S. M. T., Almazrou, A., & Saquib, J. (2020). Unique expatriate factors associated with job dissatisfaction among nurses. *International Nursing Review*, 68(3). <https://doi.org/10.1111/inr.12643>
20. Bourgeault, I. L., Runnels, V., Atanackovic, J., Spitzer, D., & Walton-Roberts, M. (2021). Hiding in plain sight: the absence of consideration of the gendered dimensions in “source” country perspectives on health worker migration. *Human Resources for Health*, 19(1). <https://doi.org/10.1186/s12960-021-00571-6><https://doi.org/10.1186/s12960-021-00571-6>
21. Buchan, J. (2020). *International Council Of Nurses Covid-19 And The International Supply Of Nurses Report For The International Council Of Nurses*https://www.icn.ch/system/files/documents/2_02007/COVID19_internationalsupplyofnurses_Report_FINAL.pdf
22. Caino, R. C., & Castillote, G. A. N. (2024). International Migration of Filipino Healthcare Professionals: Perspectives and Experiences of Former Employees in a Government Hospital in the Philippines. *Journal of Health Sciences and Medical Development*, 3(01), 12–31. <https://doi.org/10.56741/hesmed.v3i01.497>
23. Chen, G., Ogata, Y., & Sasaki, M. (2024). Factors associated with burnout among internationally educated nurses: A scoping review. *International Nursing Review*, 72(1). <https://doi.org/10.1111/inr.13073>
24. Cubelo, F., Al Jabri, F., Jokiniemi, K., & Turunen, H. (2024). Factors influencing job satisfaction and professional competencies in clinical practice among internationally educated nurses during the

- migration journey: A mixed- methods systematic review. *Scandinavian Journal of Caring Sciences*. <https://doi.org/10.1111/scs.13280><https://doi.org/10.1111/scs.13280>
25. Dagus, M. M., Lacambra, V., Mindanao, J., Magalona, J., Narvaez, R. A., & Paredes, M. K. (2024). Culture Shock in Nursing: A Concept Analysis. *World Journal of Nursing Research*, 1–35. <https://www.scipublications.com/journal/index.php/wjnr/article/view/898>
 26. Datu, Y., Camendan, Pablo, M., Chrissie, D., Pamplona, R., Quilaton, M., Grace, L., Uy, A., & Malaco. (2022). Unveiling the Journey of Overseas Filipino Workers: Interview Analysis for Education. <https://ejournal.bumipublikasinusantara.id/index.php/ajcse/article/viewFile/145/141><https://ejournal.bumipublikasinusantara.id/index.php/ajcse/article/viewFile/145/141>
 27. David, M., & Gillin, N. (2021). Filipino nurse migration to the UK: understanding migration choices from an ontological security seeking perspective. *Social Science & Medicine*, 276, 113881. <https://doi.org/10.1016/j.socscimed.2021.113881><https://doi.org/10.1016/j.socscimed.2021.113881>
 28. Davies, J., Yarrow, E., & Callaghan, S. (2025). A narrative review of nursing in Saudi Arabia: prospects for improving social determinants of health for the female workforce. *Frontiers in Public Health*, 13. <https://doi.org/10.3389/fpubh.2025.1569440>
 29. Falatah, R., & Salem, O. A. (2018). Nurse turnover in the Kingdom of Saudi Arabia: An integrative review. *Journal of Nursing Management*, 26(6), 630–638. <https://doi.org/10.1111/jonm.12603>
 30. Ford, G., Jane, M., Jerome, F., Bernardo, M., Biluan, P., & Santos, M. (2024). A Global Survey of Filipino Nurses' Motivations, Challenges, and Aspirations. *Research Square (Research Square)*. <https://doi.org/10.21203/rs.3.rs-5218786/v1>
 31. Galingana, M. P., Respicio, L. J. S., Gaffud, V. N. B., Galingana, C. J., Lorenzo, H. J. O., Marcos, R. D., & Ganadin Jr, V. (2025). Integration amidst Diversity: Exploring Transcultural Nursing Experiences of Filipino Nurses Working in Saudi Arabia. *Middle East Research Journal of Nursing*, <https://doi.org/10.36348/merjn.2025.v05i01.001>
 32. Gauci, P., Elmir, R., O'reilly, K., & Peters, K. (2021). Women's experiences of workplace gender discrimination in nursing: An integrative review. *Collegian*, 29(2). <https://doi.org/10.1016/j.colegn.2021.08.003>
 33. Gauci, P., Luck, L., O'Reilly, K., & Peters, K. (2023). Workplace gender discrimination in the nursing workforce—An integrative review. *Journal of Clinical Nursing*, 32(17-18). <https://doi.org/10.1111/jocn.16684><https://doi.org/10.1111/jocn.16684>
 34. Hamdan Alshammari, M., & Alboliteeh, M. (2022). Structural equation modeling of the association between professional and cultural competencies of nurses in Saudi Arabia. *Nurse Education in Practice*, 63, 103382. <https://doi.org/10.1016/j.nepr.2022.103382><https://doi.org/10.1016/j.nepr.2022.103382>
 35. Hassan, M., (2023). Purposive Sampling– Methods, Types and Examples, Strategies, Processes & Techniques utilized in <https://researchmethod.net/purposive-sampling/> the collection of data.
 36. Howick, J., Bennett-Weston, A., Solomon, J., Nockels, K., Bostock, J., & Keshtkar, L. (2024). How does communication affect patient safety? Protocol for a systematic review and logic model. *BMJ Open*, <https://doi.org/10.1136/bmjopen-2024-085312><https://doi.org/10.1136/bmjopen-2024-085312>
 37. Husam, A., Ameer, A., Holmes, S., & Thamer, A. (2023). Migration of nurses and doctors: pull factors to work in Saudi Arabia. *Human Resources for Health*, 21(1). <https://doi.org/10.1186/s12960-023-00809-5>
 38. Labrague, L. J., Ballad, C. A., & Fronda, D. C. (2020). Predictors and outcomes of work–family conflict among nurses. *International Nursing Review*, 68(3). <https://doi.org/10.1111/inr.12642>
 39. Limbu, S., Kongsuwan, W., & Yodchai, K. (2018). Lived experiences of intensive care nurses in caring for critically ill patients. *Nursing in Critical Care*, 24(1), 9–14. <https://doi.org/10.1111/nicc.12349>
 40. McMullin, C. (2023) Transcription and Qualitative Methods: Implications for Third Sector Research. Vol. 34: 140–153. <https://doi.org/10.1007/s11266-021-00400-3><https://doi.org/10.1007/s11266-021-00400-3>
 41. eubauer, B.E., Witkop, C.T., & Varpio, L. (2019). How phenomenology can help us learn from the experiences of others. *Perspectives on medical education*, Vol. 8(2): 90–97. <https://doi.org/10.1007/s40037-019-0509-2><https://doi.org/10.1007/s40037-019-0509-2>
 42. Ortiga, Y. Y., & Macabasag, R. L. A. (2020). Understanding International Immobility through Internal Migration: “Left behind”
 43. Nurses in the Philippines. *International Migration Review*, 55(2), 019791832095204. <https://doi.org/10.1177/0197918320952042>

44. Patinio, F. (2020). *Several countries ready to accept Pinoy med workers: POEA*. Pna.gov.ph. <https://www.pna.gov.ph/articles/1122770>
45. Pacamana, M. (2023). Job Satisfaction and Motivation among Filipino Nurses in the United Arab Emirates. *Upou.edu.ph*. <https://doi.org/10.5281/zenodo.13294093>
46. Parker, M. (2020). Nursing as the backbone of the health system: Global workforce implications. *The Lancet*, 395(10231), 1917– 1918. [https://doi.org/10.1016/S0140-6736\(20\)31232-6](https://doi.org/10.1016/S0140-6736(20)31232-6)
47. Perveen, K. (2022). Role of Nurses in Intensive Care Unit. *NURSEARCHER (Journal of Nursing & Midwifery Sciences)*, 02(01), 01. <https://doi.org/10.54393/nrs.v2i01.22>
48. Pogoy, J. M., & Cutamora, J. C. (2021). Lived experiences of Overseas Filipino Worker (OFW) nurses working in COVID-19 intensive care units. *Belitung Nursing Journal*, 7(3). <https://doi.org/10.33546/bnj.1427>
49. Polit and Beck (2017), *Nursing Research Generating and Assessing Evidence for Nursing Practice*, 10th edition
50. Ramos, M. (2023, May 12). *FEATURE-Philippines nurse exodus leaves hospitals short-staffed*. Reuters. <https://www.reuters.com/article/business/healthcare-pharmaceuticals/feature-philippines-nurse-exodus-leaves-hospitals-short-staffedhttps://www.reuters.com/article/business/healthcare-pharmaceuticals/feature-philippines-nurse-exodus-leaves-hospitals-short-staffed-idUSL8N3750I5/>
51. Salvador, R., Mendoza, J., & Cruz, L. (2019). Sacrifice and duty: Narratives of Filipino female nurses abroad. *Journal of International Women's Studies*, 20(7), 44–59.
52. Salvador, J. T., Alqahtani, F. M., Al-Madani, M. M., Jarrar, M. K., Dorgham, S. R., Victoria Reyes, L. D., & Alzaid, M. (2020). Workplace violence among Registered Nurses in Saudi Arabia: A qualitative study. *Nursing Open*, 8(2), 766–775. <https://doi.org/10.1002/nop2.679>
53. Sanagoo, A., Nouri, A., Jouybari, L., & Taleghani, F. (2021). Contextual barriers of respectful workplace in nursing: A focused ethnography. *Iranian Journal of Nursing and Midwifery Research*, 26(4), 349. https://doi.org/10.4103/ijnmr.ijnmr_274_20
54. Shin, D., Yong Shian Goh, Yuan, R., Yongxing Patrick Lin, Seah, B., Lopez, V., Mikkonen, K., Keng Kwang Yong, & Sok Ying Liaw. (2024). Global migration and factors influencing retention of Asian internationally educated nurses: A systematic review. *Human Resources for Health*, 22. <https://doi.org/10.1186/s12960-024-00900-5https://doi.org/10.1186/s12960-024-00900-5>
55. Smith D.M., & Gillin N. (2021) Filipino Nurses migration to the UK, understanding migration choices from a ontological security – seeking perspective. *Social Science Med*, <https://doi.org/10.1016/j.socscimed2021.113881https://doi.org/10.1016/j.socscimed2021.113881>
56. Tayeb, H. O., Tekian, A., Baig, M., Koenig, H. G., & Lingard, L. (2023). The Role of Religious Culture in Medical Professionalism in a Muslim Arab Society. <https://doi.org/10.5334/pme.920https://doi.org/10.5334/pme.920>
57. Theron, L., Shopo, K. D., & Ngami, O. (2024). Exploring Perceptions of Communication among Culturally Diverse Nurses in Saudi Arabia. *Journal of Transcultural Nursing*. <https://doi.org/10.1177/10436596241291839>
58. Trines, S. (2020). Mobile Nurses: Trends in International Labor Migration in the Nursing Field. *WENR*. <https://wenr.wes.org/2018/03/mobile-nurses-trends-in-international-labor-migration-in-the-nursing-field>
59. UN DESA (United Nations Department of Economic and Social Affairs) (2020), Population Division *SDG indicator10.7.2*:https://www.un.org/en/development/desa/population/publications/pdf/sdg/SDG_10.7.2_2019_Data%20Booklet.pdf
60. Villamin, P., Lopez, V., Thapa, D., & Cleary, M. (2023). Nurse migration to Australia: Past, present, and future. *Acquire.cqu.edu.au*. <https://doi.org/10.1016/j.colegn.2023.05.001>
61. Waleed, S. (2024). Research Trends and Patterns on International Migration of Health Workers (1950–2022). *SAGE Open*, 14(4). <https://doi.org/10.1177/21582440241293190>
62. WHO. (2020). *State of the world's nursing 2020: Investing in education, jobs and leadership*. World Health Organization. <https://www.who.int/publications/i/item/9789240003279https://www.who.int/publications/i/item/9789240003279>

63. World Health Organization. (2025). State of the world's nursing report 2025. In *Who.int*. World Health Organization. <https://www.who.int/publications/i/item/9789240110236>
64. Xavier, T., Hittle, B. M., Rojas-Guyler, L., & Lee, R. C. (2024). Resilience in Intensive Care Unit Nurses: An Integrative Review. *Critical Care Nurse*, 44(6), 52–63. <https://doi.org/10.4037/ccn2024753><https://doi.org/10.4037/ccn2024753>
65. ZareKhafri, F., Torabizadeh, C., & Jaber, A. (2022). Nurses' perception of workplace discrimination. *Nursing Ethics*, 29(3), 096973302110152. <https://doi.org/10.1177/09697330211015291>