

# Lived Experiences of Filipino Nurses in The Global Healthcare Arena: A Qualitative Inquiry

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*Abstract* — The international migration of Filipino nurses is a longstanding and complex phenomenon, driven by economic, professional, and sociocultural factors. This study explores the lived experiences of Filipino nurses working overseas, with a focus on cultural differences, environmental stress and financial uplifting. It also included the challenges encountered by the Filipino nurses in the global healthcare arena. Additionally, the research aims to propose a support program to enhance the well-being and integration of migrant nurses in host countries.

Anchored in Transnationalism, Migration, Acculturation, Role, and Resilience Theories, alongside the Health Belief Model, this study utilized descriptive phenomenological approach which employs semi-structured interviews with early-career Filipino nurses currently employed abroad. Participants were selected through purposive sampling with convenience considerations. Data were analyzed using Thematic Network Analysis to extract recurring patterns and insights.

Findings reveal that participants encountered significant challenges in cultural adjustment, including language barriers, differing healthcare practices, and social isolation. Despite these difficulties, nurses exhibited resilience and adaptability, supported by personal faith, peer networks, and family ties. Professional development emerged as a major benefit, reflected in enhanced clinical competencies and career progression. However, disparities between expectations and the realities of migration often necessitated reevaluation of personal and professional goals.

This study underscores the need for structured support systems to facilitate smoother transitions for migrant nurses. Insights gained offer valuable implications for healthcare policy in both the Philippines and host countries reliant on Filipino nursing labor.

*Keywords* — *Filipino nurses, nurse migration, cultural differences, resilience, global healthcare, qualitative research*

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## I. Introduction

The international migration of Filipino nurses has consistently characterized the global healthcare scene, influenced by economic, social, and political concerns. For decades, Filipino nurses have pursued employment overseas, motivated by professional ambitions and ongoing difficulties within the domestic healthcare system. According to the World Health Organization (WHO), the worldwide shortage of nurses, expected to total around nine million people by 2030, is of great concern. By the 2000s, the Philippines emerged as a principal source of nurses for

numerous countries, esteemed for their advanced education, English fluency, and adaptability (Biala, 2022). Migrant healthcare workers, who come from many different places contribute significantly to the health system's workforce where shortages exist. However, the Philippines is the largest donor of nurses at 30% (Socha-Dietrich, 2021). This migration trend has elicited worries regarding "brain drain" and its effects on the Philippine healthcare system. Although remittances from overseas Filipino workers (OFWs) substantially bolster the national economy, the departure of qualified nurses intensifies local healthcare issues, such as understaffing and diminished patient care quality. The international migration of Filipino nurses has consistently characterized the global healthcare scene, influenced by economic, social, and political concerns. For decades, Filipino nurses have pursued employment overseas, motivated by professional ambitions and ongoing difficulties within the domestic healthcare system. According to the World Health Organization, the global shortage of nurses is expected to reach approximately nine million by 2030, making this trend particularly consequential. By the 2000s, the Philippines had emerged as a principal source of nurses for numerous countries—esteemed for their advanced education, English fluency, and adaptability (Biala, 2022; Socha-Dietrich, 2021). However, this outflow has sparked concerns over “brain drain,” as the departure of highly qualified nurses exacerbates staffing shortages and threatens the quality of patient care at home, despite remittances playing a significant role in supporting the national economy. Economic volatility, limited local opportunities, and poor working conditions—including low pay, high patient-to-nurse ratios, and a lack of professional development—continue to drive migration (Alameddine et al., 2020). From the 1940s to the 1980s, Filipino nurses began seeking overseas training and employment to escape economic hardship and respond to global nursing deficits (Lorenzo, 2020; Kingma, 2020). By the 1990s, the migration trend intensified toward countries like the United States, Canada, Australia, and Middle Eastern nations, influenced by superior working conditions and persistent demand. Migration entails complex professional, ethical, and linguistic challenges, as nurses often face unfamiliar work cultures, communication styles, and ethical frameworks (Jose et al., 2020; Almutairi et al., 2021). Recent research captures the resilience and adaptive strength of these nurses, while also documenting their vulnerability—to social isolation, discrimination, and identity conflicts (Cruz et al., 2021; Li et al., 2022; Smith & Gillin, 2021; Christiansen et al., 2025). Despite this, they continue to shape global healthcare environments significantly. This broad context mirrors insights from Ramada et al. (2024), who, in their mixed-methods study of Philippine basic education, demonstrated how systemic constraints and out-migration motivated educators to pursue international engagement—while highlighting the necessity for institutional and policy reforms to harness capacity and sustain excellence. By analogy, the same mechanisms of professional drain and resilience evident in nursing migration underscore the importance of supportive policies and capacity-building efforts to mitigate talent loss and maintain quality standards within the Philippine health system.

The issue of nurses emigrating to other countries creates a drain in existing resources, especially in low-income countries with greater needs for healthcare workers. Nurses seeking to leave due to unsatisfactory salaries or benefits, a lack of professional development, and better work

opportunities in other countries have been reported in recent studies (Alameddine et al., 2020). This encompasses economic volatility, restricted local prospects, and systemic challenges including elevated patient-to-nurse ratios, inadequate working environments, and professional undervaluation.

Lorenzo (2020) and Kingma (2020) examined the initial phases of migration from the 1940s to the 1980s, emphasizing how Filipino nurses pursued foreign training and employment in reaction to home economic difficulties and global nursing deficits. The 1990s had an increase in deployment to nations including the United States, Canada, Australia, and the Middle East, propelled by advantageous working conditions and sustained demand. The movement of Filipino nurses is a notable occurrence in worldwide healthcare systems, propelled by a multifaceted interaction of economic imperatives, professional ambitions, and systemic obstacles (Organia et al., 2023). For example, a nurse used to hierarchical and family-oriented workplace dynamics in the Philippines could find the direct communication styles and individualistic culture of Western countries difficult. Variations in ethical norms, patient autonomy, and methods to care demand Filipino nurses to negotiate possible conflicts between their established values and host country standards. Also, a major problem is language limitations, especially for nurses who have to explain complicated medical information in a non-native tongue (Jose et al., 2020).

In recent years, teacher migration—much like nurse migration—has emerged as a pressing national and regional concern. The study “Understanding Teacher Migration: Basis For Developing A Strategic Policy Framework For Pangasinense Teachers” (2024) explores the growing trend of educational professionals seeking opportunities abroad due to systemic issues such as insufficient compensation, lack of professional growth, and workplace dissatisfaction. The findings reinforce the broader discourse on human capital flight, paralleling the experiences of Filipino nurses in global health systems, where economic motivation and professional disenchantment are key drivers (Organia et al., 2023; Jose et al., 2020). The study further emphasizes the need for targeted interventions at the provincial level, recommending localized strategic frameworks to mitigate the outflow of teaching talent—an approach that may also benefit the health sector and other public service domains.

Likewise, Smith and Gillin (2021) analyzed the migration choices of Filipino nurses in the United Kingdom from the perspective of ontological security. Their findings indicated that the UK's perceived social stability and meritocratic institutions draw nurses pursuing professional advancement and financial security. Nonetheless, these ambitions were frequently moderated by encounters with organizational unfairness and cultural pressures, encompassing household responsibilities and societal expectations that positioned migration as both an economic imperative and a personal accomplishment.

In the study of Christiansen et al (2025) on Filipino migrant nurses' experiences of coping with multiple conflicting workplace demands found out that although most of the participants is described being generally satisfied with living and working in Iceland, however, when their lived

experience at work is examined more closely, it appears that many of them have experienced exclusion and disrespect especially being racialized and identified as a foreigner who is seen as not speaking the language well enough. In total, five themes emerged from the analysis, highlighting the tension and interactions the participants had with the stakeholders in the workplace: supervisors, coworkers, patients, and patients' relatives.

These foreign studies jointly illustrate the challenges of migration, the remarkable endurance of Filipino nurses, and the urgent necessity for supportive policies that tackle discrimination, professional acknowledgment, and integration within host healthcare systems.

The international significance of Filipino nurses is profoundly anchored in the nation's economic, social, and political history.

Numerous studies in the Philippines have investigated the ongoing issues encountered by nurses, especially regarding migration and healthcare delivery. Tuppal et al. (2021) conducted an in-depth analysis of the lived experiences of Filipino nurses from 2004 to the present, highlighting workforce migration, elevated patient-to-nurse ratios, professional burnout, and insufficient institutional support as significant challenges. The cultural significance of *malasakit* (compassion) and robust peer support systems surfaced as essential coping strategies, illustrating the perseverance and commitment of Filipino nurses even in challenging circumstances.

The study of Lorenzo and Kingma (2020) examined the initial phases of migration from the 1940s to the 1980s, emphasizing how Filipino nurses pursued foreign training and employment in reaction to home economic difficulties and global nursing deficits. The 1990s had an increase in deployment to nations including the United States, Canada, Australia, and the Middle East, propelled by advantageous working conditions and sustained demand.

The study of Sadang (2020) on the lived experiences of Filipino Nurses' work found three major themes from the data analysis of the transcribed verbatim responses where work as a self-sacrifice with 3 sub-themes, work as self-fulfillment with 2 sub-themes, and work as psychological struggle with 2 sub-themes. The nurses demonstrated outstanding professional efforts and sacrifices in battling this crisis to overcome difficulties amidst insufficient or unavailable needed resources. Hence, comprehensive support must be provided to safeguard their well-being so they can continue their noble service in combating and eliminating this illness in our respective communities.

Further, the study of Almansour et al. (2023) on the pull factors on the migration of nurses and doctors to work in Saudi Arabia found out that there are five themes that were identified, namely: rewards, job entry requirements, religion, influence of family and friends, and changing work environments on the 10 focus group discussions. The researchers concluded that moving forward, health managers should proactively plan the state of healthcare as the need for migrant healthcare workers changes.

Furthermore, the study of Valdez et al. (2024) on the global survey of Filipino nurses' motivation, challenges, and aspirations found out that optimism, trust, and work satisfaction found weak negative relationships with the respondents' demographic profiles. The researchers concluded that nurses expressed a positive professional stance amidst socio-political unrest, optimism about the future with artificial intelligence, and a positive view of diversity, equality and inclusion. Their study is relevant for clinical practice particularly it has the potential to impact healthcare policy and practice in areas where Filipino nurses are highly engaged. It further allows for comprehending their drives, dealing with obstacles, enhancing the workplace, promoting patient care and cultural sensitivity, and creating migrant nurse welfare policies.

Following the profound findings of recent studies and emphasis on the literature of recent healthcare systems, this study was proposed as a comprehensive assessment of the lived experiences of Filipino nurses in the global healthcare arena particularly on cultural adjustment, environmental stress, and financial struggles and uplifts. Also, their challenges in the global scene was included. With this study, a qualitative approach that elucidates the intricate, subjective experiences of Filipino nurses in various worldwide contexts was conducted.

### **Theoretical/ Conceptual Framework**

This study is mainly anchored on the transnationalism theory. This theory posits that individuals and groups maintain multiple connections across national borders. In the context of Filipino nurses, this theory helps us understand how they straddle two or more countries through familial, social, and professional ties. It acknowledges that nurses maintain strong connections with their home country, even as they work abroad. This theory helps in analyzing the impact of migration on identity, social networks, and cultural attachment (Vertovec, 2021). This theory serves as a basis in directing the course of this study. Particularly, the study focused on the lived experiences of Filipino nurses who are working in other countries. It dealt with cultural differences, and environmental stress.

Another theory which served as a basis of this study is the Migration Theory. According to Lindquist, B. A. (2021), migration theory provides insights into the push and pull factors that drive individuals to leave their home countries in pursuit of better opportunities. In the case of Filipino nurses, this theory helps us explore the socio-economic factors, including limited opportunities and lower wages in the Philippines, which push them to seek employment abroad. It also examines the factors that pull them towards countries with high demand for healthcare workers. Particularly, this theory served as a basis in dealing with the lived experiences of Filipino nurses who are working in other countries focusing on their financial struggles and uplifts.

Moreover, the resilience theory has partly become a basis of this study. This theory explores how individuals cope with and adapt to challenging and stressful situations. Filipino nurses may encounter numerous stressors, including homesickness, language barriers, and cultural adjustments during pre and post-deployment phases. This theory helps understand the coping

mechanisms and personal growth that nurses develop in response to these challenges (Scharp, 2020).

## **II. Methodology**

### **T Research Design and Strategy**

This study employed a descriptive phenomenological approach to describe and explore the lived experiences of Filipino nurses who are working in the global arena. Descriptive phenomenology was used for it has laid the foundation for theoretical knowledge and methodological clarity and rigor in qualitative research. We applied phenomenological methodology, as it aims to understand participants' lived experiences and how they give meaning to those experiences (Martinez, 2000). This study followed the methods for data processing, thematic analysis, and interpretation. Analysis was divided into description, reduction and interpretation. First was description, where interviews were conducted and transcribed. Participants described their experiences in their own words through an interview guide question. It is followed by thematic analysis through reduction, when we read the transcripts individually and summarized them in detail. The purpose of the study must be the focus which is to address the statement of the problem. Then, the interpretation where the researcher consolidated the main themes to gain better understanding of the lived experiences of the nurse-respondents. Through an iterative process, emerging themes were discussed and compared to tackle individual and shared interpretations and understanding of the meaning of the respondents' experiences.

### **Population and Locale of the Study**

The study population consisted of Filipino nurses currently working abroad as healthcare personnel, regardless of their clinical experience in the Philippines, who had early deployment experience in their country of designation. Furthermore, the respondents comprise of ten (10) participants, the majority of whom are initially from the eastern part of Pangasinan (n=8), with one participant each from La Union (n=1) and Metro Manila (n=1). Despite their varied places of origin, all participants pursued their education and gained professional work experience within the province of Pangasinan. This shared educational and occupational background provided a cohesive contextual basis for exploring the study variables within a familiar local healthcare setting.

To obtain a representative sample of Filipino workers abroad, this study employed a combination of purposive sampling. The researcher intentionally restricted the sample size of this qualitative study on the experiences of Filipino nurses abroad to ten participants, a choice that was both methodologically justified and pragmatically sensible. This methodology corresponds with the tenets of qualitative research, emphasizing depth over breadth and concentrating on a comprehensive analysis of individual experiences rather than extensive generalizability. The study employed purposive sampling to select individuals with similar educational and professional

backgrounds from Pangasinan, thereby maintaining cultural coherence while encompassing varied narratives. Data saturation was achieved as recurring themes—namely cultural adaptation, communication obstacles, professional development, and social support—surfaced, suggesting that additional interviews would probably produce redundant material. Moreover, practical factors, such as time zone discrepancies and participant availability, along with ethical issues, including ensuring anonymity and obtaining informed consent, underscored the decision to maintain a manageable sample size. This model facilitated a concentrated and thorough inquiry that preserved scientific integrity, ensured data saturation, and adhered to ethical standards.

### **Data Gathering Tool**

The main data gathering tool of this study is an interview guide. The researcher formulated the interview guide based on her readings and observations. The interview covered pre-identified themes related to the problems identified in this study. The formulated interview guide was subjected to review and evaluation by the adviser, selected experts and nurses who could relate to the content of the interview guide. Comments and suggestions were incorporated before the interview guide was utilized in the conduct of interview to identified nurse-respondents.

### **Data Gathering Procedures**

Before collecting the actual data, the researcher obtained permission from the Dean of the Institute of Graduate and Advanced Studies to conduct the study. Upon approval, the researcher requested and coordinated with the selected Filipino nurses abroad for permission to conduct the study in the respondents' setting. A participation letter was issued, and consent to participate was obtained. The interview was conducted to the identified respondents through sending them in their email or messenger accounts or others through face-to-face interview.

The researcher conducted the study through virtual interview of Filipino nurses from various Countries where Filipinos are most employed. The respondents were Filipino nurses who are educated in the Philippines bearing Philippine License but chose to work in the outlands. The researcher selected them by utilizing purposive sampling, and the study employed qualitative case study research. The study used Thematic Network Analysis to interpret the answers of the participants.

### **Treatment of the Data**

This study employed Thematic Network Analysis to interpret the answers of the nurse-respondents on the interview guide. This method of analyzing the data has a primary goal of identifying the themes that are salient in the text at different levels. Thematic networks aim to facilitate the structuring and depiction of these themes (Creswell, 2021).

A technique of qualitative data analysis, theme network analysis (TNA) provides a disciplined approach to organizing and evaluating complex narrative material. Jennifer Attride-

Stirling (2021) first presented it as a means of methodically detecting, evaluating, and reporting patterns (themes) within textual data—such as open-ended survey responses or interview transcripts—that would help to organize Studies aiming at investigating rich, nuanced events—such as the lived experiences of Filipino nurses working overseas—find great benefit from this method.

The answers of the nurse-respondents were organized into themes reflecting the depth and complexity of their lived experiences. It started with reading and examining the texts or answers of the nurse-respondents or participants, generate codes, categories and core themes which highlight the main points on their answers. Following TNA, the nurse-respondent's ideas are organized into overarching themes—that is, more general categories that tie many basic themes together. These reflected their experiences or agreed-upon perceptions within the data gathered.

Thematic Network Analysis helped the researcher, within the framework of this study, to gain a profound understanding of how Filipino nurses adjust, cope, and develop in foreign employment settings. Through this approach, issues such as cultural adaptation, professional growth, emotional challenges, and coping strategies were not only enumerated but also linked to present a comprehensive picture of their lived experiences.

### **Ethical Consideration**

Ethical integrity was strictly observed throughout the conduct of the study. Participants were selected through purposive sampling and were provided with complete and transparent information regarding the study's objectives, procedures, potential risks, and benefits. Written informed consent was obtained, emphasizing the voluntary nature of participation and the right to withdraw at any point without penalty. To protect the identities of the participants, pseudonyms were used, and all data collected were treated with strict confidentiality and stored securely—the principles of autonomy, beneficence, non-maleficence, confidentiality, and respect for persons guided the study.

This research complied with several legal and ethical mandates, including Republic Act No. 10532 or the Philippine National Health Research System Act of 2013, which promotes ethical standards in health-related research; and Republic Act No. 10173, known as the Data Privacy Act of 2012, which safeguards the privacy and personal information of research participants. Additionally, the study adhered to the National Ethical Guidelines for Human Research (NEGHR, 2021), issued by the Philippine Health Research Ethics Board (PHREB), and followed the international principles outlined in the Declaration of Helsinki. Cultural and emotional sensitivity was observed throughout the interviews, particularly when addressing deeply personal experiences such as discrimination, homesickness, and professional challenges abroad. A debriefing was conducted after each interview to ensure the well-being of participants, and they were encouraged to ask questions or express any concerns at any stage of the research process.

To ensure the trustworthiness of this qualitative inquiry, the researcher employed strategies to enhance credibility, dependability, confirmability, and transferability. Prolonged engagement, member checking, and rich, thick descriptions were used to ensure credibility and transferability. Dependability was maintained through an audit trail and peer debriefing, while confirmability was reinforced through reflexivity and transparent documentation of data analysis. These methods ensured that the study's findings accurately reflect the lived experiences of Filipino nurses working abroad.

### **III. Results and Discussion**

This chapter includes the presentation, analysis, and interpretation of the data gathered. The researcher linked, understood, analyzed, and interpreted the statements that have importance to the experiences of Filipino nurses in the outlands.

The study used prearranged pseudo names to protect the identity of the participants. The study named the case participants with letter R followed by the number corresponding to their order of interview.

#### **Cross Analysis of the Lived Experiences of Filipino Nurses in the Global Healthcare Arena**

Tables 1-9 present the results of the interview on the lived experiences of Filipino nurses in the global healthcare arena along cultural adjustment, professional growth, social support, work environment, challenges and coping mechanisms, impact on personal life, professional relationships, perception of healthcare practices, and expectation versus reality. These themes emerged as a summary of the problems stated in this study.

#### **Cultural Adjustment**

Table 1 shows the stories told by Filipino nurses working overseas that highlight the complex nature of cultural adaptation especially as they negotiate new social conventions, communication methods, and workplace settings. It captures the emotional and behavioral changes needed to operate in foreign healthcare systems. Many of the respondents underlined the difficulty of adjusting to direct communication methods common in nations such as Germany and the United States. Respondents R1, R3, R4, and R8, said that they struggled to match their more subdued and indirect Filipino communication styles with the forceful and direct approach expected in their host countries. These variations sometimes set off emotional sensitivity and discomfort, especially when one is getting comments or feedback that could be seen as harsh or impersonal.

Moreover, language barriers and foreign accents as R2, R5, R6, and R9 described added still another level of complexity to professional contacts, particularly in high-stakes medical environments. Not only does miscommunication increase anxiety but it also compromises patient care and good teamwork. Many of the nurses, on the other hand, used proactive approaches to get

beyond these obstacles, including increasing their frequency of communication and learning patience and self-compassion during the transition period.

Apart from communication, cultural standards and healthcare theories also required flexible attitudes. R7's interpretation of the American healthcare system's emphasis on documentation for reimbursement goals exposed a conflict between bureaucratic needs and patient-centered care's worth. Finally, R10's experience with racial discrimination emphasizes still another aspect of cultural adaptation: negotiating prejudice and institutional biases while upholding professionalism and personal dignity.

These testimonies show generally that cultural adjustment is not only about knowledge and integration into a new culture but also about reconciling strongly held values and practices with new professional and social expectations. Although demanding, this process helps migrant nurses develop professionally, become more resilient, and show intercultural competency.

**Table 1**  
**Cross Analysis of the Lived Experiences of Filipino Nurses in the Global Healthcare Arena:  
 A Qualitative Inquiry on Cultural Adjustments**

Case #	Data	Initial Code	Categories
R1	My Germans workmates are typically direct and doesn't want to go around the bush, it was a bit challenging for me for I tend to be emotionally sensitive and linger on negative criticism thrown at me	Navigating Direct communication	Cultural Adjustments
R2	When I first arrived in the U.S., everything felt unfamiliar—the way people spoke, how they interacted, even how they drove. I felt lost and anxious, especially in the hospital setting. I had to constantly remind myself that it was okay not to understand everything right away.	Language Barriers and Professional Communication	Communication Challenges
R7	One of my biggest challenges was culture shock. Here in the United States health care is a big business. We have to adhere with federal funding and all care must be documented so that we can get reimbursed. We sometimes prioritize charting rather than focusing on the patient's care.	Cultivating Adaptive Mindsets	Cultural Adjustments
R9	At first, I had a hard time adjusting because this is my first time to work abroad and here in Saudi Arabia, some of them hardly speak English while other speak "Barok English". They are also very strict regarding their rules and social protocols since this is a Muslim Country	Language Barriers and Professional Communication	Barriers

### Professional Growth

Table 2 provides the stories of Filipino nurses working overseas that highlights their professional growth. This is a deep and transforming path of professional development molded by

exposure to many healthcare systems, sophisticated medical technologies, organized training programs, and varied roles. The experiences revealed show that working abroad usually offers more than just employment; it becomes a dynamic learning environment promoting clinical competency, leadership, and self-assurance.

R1 and R2 underlined the need of structured orientations and lifelong learning. They have noted the existence of thorough preceptorship programs and annual professional trainings, which supported better transitions into more demanding hospital environments and helped to confirm their fundamental nursing competencies. As R1 emphasized that this resulted to the enrichment of their nursing know-hows and capabilities.

Often seen as pressures, difficulties in the workplace were reinterpreted by respondents like R3 and R4 as important chances for development. By negotiating demanding circumstances, they developed critical thinking, time management, and reflective practice among other vital skills. Though first intimidating, these events finally gave more confidence, freedom, and assertiveness. The story of R4 especially emphasizes how working in technologically advanced German hospitals improved clinical skills and enhanced professional identity.

R7's story also clearly shows the multidimensional character of nursing abroad since the nurse assumed roles similar to those of a social worker, administrator, and physician's collaborator. This expanded range of responsibility improved their administrative skills as well as their clinical acumen. R8 and R10 shared similar ideas, pointing out that their skill in managing high-acuity patients, using electronic medical records (EMRs), and negotiating systemic healthcare operations set them for career development and widened professional paths.

Furthermore, (R9) mentioned the improvements in interpersonal skills and (R6) on cultural competency, which are absolutely essential for patient-centered care in cosmopolitan settings. These encounters highlight how professional development among migrant nurses spans soft skills, ethical adaptability, and a more general perspective in addition to technical competencies.

The stories taken together show professional development in the framework of working overseas as being multidimensional and comprehensive. Formal education, clinical experience, cultural immersion, and the capacity to flourish among complexity all motivate it. These development opportunities not only improve the quality of Filipino nurses but also enable them to grow to be more resilient, flexible, and globally competitive healthcare professionals.

Mostly from developing countries, a growing number of nurses are using their portable skills worldwide to migrate to meet the demand generated by shortages of nurses in many different countries. (Smith, 2022)

**Table 2**  
**Cross Analysis of the Lived Experiences of Filipino Nurses in the Global Healthcare Arena:  
 A Qualitative Inquiry on Professional Growth**

Case #	Data	Initial Code	Categories
R3	My confidence gained because of the many challenges I experienced at work, which helped me develop my time management skills, critical thinking, and reflection on my strengths and weaknesses.	Developing Confidence and Autonomy in Practice	Confidence
R5	Systematically assessing patients using evidence-based practices and NEWS scoring	Gaining Advanced Clinical Skills and Knowledge	Skills and Knowledge
R7	Due to the various specialties and wide range of roles and responsibilities, I've been able to work like a social worker, Manage like an administrator and work alongside doctors in the emergency care setting and patient wound care.	Exploring Opportunities for Specialization	Opportunities
R9	I also gained exposure to diverse healthcare systems and was able to improve my communication and interpersonal skills that also led me to my personal and professional growth	Gaining Advanced Clinical Skills and Knowledge	Skills and Knowledge

### Social Support

Table 3 emphasizes the critical part on social support which identifies their personal well-being and professional resilience. Social support is felt through a complex network comprising professional groups, community organizations, medical facilities, religious institutions, and family links. These support systems help not only to overcome the difficulties of working in a foreign healthcare environment but also encourage emotional stability and sense of belonging.

The strong presence of the Filipino community overseas is a main source of help noted in all the cases. Through planned networks, cultural events, and casual meetings, this community provides emotional and pragmatic support. For instance, community organizations that help with housing, cultural integration, and information exchange help Filipino nurses in Saudi Arabia greatly ease their move to a foreign employment environment (Case R9). In the desert cities, too, film and cultural events developed in response to the growing Filipino population, so strengthening community cohesion and identity (Case R7). These results line up with House's (2021) social support model, which divides support into emotional, informational, instrumental, and appraisational forms—all of which the nurses' experiences clearly reflect.

Crucially also is institutional support. Many nurses said they could access compassionate leave for mental health concerns, therapy sessions, and workplace wellness programs (Cases R3, R5). These programs help to prevent burnout and advance general well-being among medical professionals. Shanafelt and Noseworthy's 2020 research underlines the need of such clauses since

it shows how directly organizational support is related to lower burnout and higher job satisfaction among medical professionals.

**Table 3**  
**Cross Analysis of the Lived Experiences of Filipino Nurses in the Global Healthcare Arena:**  
**A Qualitative Inquiry on Social Support**

Case #	Data	Initial Code	Categories
R2	There were mentorship programs, online communities, my church, and a strong Filipino nurse network. These groups kept me grounded.	Receiving Organizational Support, Strengthening Filipino Connections	Organizational Support
R7	Most of the support comes from my family and of course the Filipino community. There is a special connection to your Kababayans when you are in a foreign land. Lots of Film organizations have popped up due to the influx of Filipino nurses where I live in the desert cities. In the healthcare field as a Filipino nurse, It is a tight knit community. I joke around due to the fact that my friends who I have worked with had parent that worked in the same field and considered our careers to be their destiny not ours.	Strengthening Filipino Connections, Virtual Family Support	Connections
R8	I found support from my colleagues, Filipino nurse organizations, and online communities for expatriate healthcare workers.	Strengthening Filipino Connections	Connections
R9	Various Filipino community organizations in Saudi Arabia also offer social, cultural, and practical support to Filipino expatriates that helps nurses connect with their fellow countrymen, find accommodation, and navigate local customs. Meanwhile, Online platforms and social media groups were also used to connect Filipino nurses in different parts of the world, providing a forum for sharing information, seeking advice, and offering support.	Strengthening Filipino Connections, Virtual Family Support	Connections

Another pillar of support, churches and religious groups provide moral reinforcement and spiritual direction. For many, faith-based groups offered a sense of consistency and solace among the uncertainties of migration and career demands (Cases R2, R4). Particularly during the COVID-19 epidemic when they effectively argued for bonuses and enhanced working conditions, unions and advocacy groups including the German Nurses Union were also cited as major players in securing financial and policy-related support (Case R1). This emphasizes how group advocacy might secure institutional changes and raise the voices of migrant healthcare professionals.

These stories confirm that social support is essential for the migrant nursing experience since it provides not only comfort and direction but also helps people to flourish personally and professionally. This linked web of family, community, institutional, and spiritual support shows the complicated but coherent character of social networks that support Filipino nurses in their worldwide roles.

### Work Environment

Table 4 presents a thorough view of the work environment of Filipino nurses in the global arena. It includes access to modern medical technologies, work-life balance, empowerment in clinical decision-making, and general practice environments, this theme captures several interrelated elements. These elements together determine nurses' professional well-being, efficiency, and degree of satisfaction.

One recurring motif that surfaced is the presence of modern technologies and infrastructure in overseas modern hospitals. Nurses from nations including Germany and the United States point out the availability of complete medical equipment and simplified systems that not only improve patient outcomes but also help to ease the delivery of treatment (Cases R1, R2). These results complement those of Aiken et al. (2020), who discovered that job satisfaction and patient care quality are much influenced by the state of the infrastructure supporting healthcare.

Another important distinction between working conditions in the Philippines and elsewhere turned out to be the element of work-life balance. A luxury not usually experienced in the Philippines due to problems like understaffing and blurred professional boundaries, several nurses pointed out the ability to separate personal and professional life in foreign countries (Cases R3, R9). This autonomy in time off management free from too demanding justification helps to lower stress and prevent burnout. Promoting work-life balance is a basic strategy in reducing nurse burnout and enhancing retention in healthcare systems, claims Dall'Ora et al. (2020).

The positive practice surroundings are yet another important factor. In nations like the US, UK, and Germany, this speaks to nurse-patient ratios, documentation clarity, and methodical workflows—all of which were seen as better (Cases R4, R5, R8). These components support patient-centered care—which is absolutely essential for upholding high professional standards and job fulfillment—and help to create a more reasonable workload. Studies reveal that lower nurse turnover and better patient safety are significantly correlated with positive work environments marked by enough staffing and clear communication (Kutney-Lee et al., 2021).

**Table 4**  
**Cross Analysis of the Lived Experiences of Filipino Nurses in the Global Healthcare Arena:**  
**A Qualitative Inquiry: Work Environment**

Case #	Data	Initial Code	Categories
R3	Working abroad and in the Philippines have many differences. Here, work is separate from personal life. If you want to take time off, you just inform staffing that you cannot go to work without needing to provide a reason, which is unlike the Philippines where you may be pressured to come to work even if you are not feeling well because of understaffing.	Work-Life Balance	Work Environment
R9	For a nurse from the Philippines, working in Saudi Arabia represents a significant shift in terms of salary, resources, and cultural context. While the work may be demanding, the financial rewards and exposure to advanced healthcare practices can be attractive. However, adapting to a new culture and navigating the complexities of a different healthcare system are important considerations.	Work-Life Balance	Work Environment

A defining quality of international work environments also became evident as empowerment in clinical decision-making. Particularly in the UK, where each role is valued and interdependent, nurses expressed respect and equality inside the healthcare hierarchy (Cases R6, R7, R10). This runs counter to the sometimes-hierarchical system used in the Philippines. Not only is job satisfaction dependent on empowerment, but also ethical and autonomous nursing practice is promoted by it (Laschinger et al., 2024). Furthermore, the capacity for critical thinking and negotiating between policy and pragmatic efficiency—that is, acknowledging the "gray areas" of clinical work—helps to highlight the difficult terrain nurses negotiate in more progressive healthcare systems (Case R7).

The stories highlight how much a professional experience of Filipino nurses overseas is improved by a structured and encouraging social work environment. Central to this theme are elements including access to technology, reasonable workloads, decision-making autonomy, and work-life boundaries. These results emphasize the need of systematic changes in the Philippine healthcare system to match the worldwide criteria many Filipino nurses encounter abroad.

### Challenges

Table 5 presents the lived experiences of Filipino nurses in the global healthcare focusing on their overall challenges. This tells a gripping story about the several difficulties Filipinos—especially those who work or are moving overseas—face. Three main subthemes help to organize these difficulties: Managing Language and Communication Barriers, Skills Competencies, and Interpersonal Conflicts. Every one of these categories captures a different facet of the larger fight to adjust, perform, and preserve emotional well-being in a new and often challenging environment.

For several respondents (R1, R4, R10), managing language and communication barriers became a major challenge. Respondents reported trouble negotiating linguistic variations that would have an impact on both personal and business contacts. R1, for example, specifically mentioned "Language Barrier," while R10 discussed cultural and communication barriers. This is consistent with recent studies by Lee and Kim (2021), who discovered that language challenges among migrant professionals negatively affect their job performance and psychological well-being, so generating higher stress and lower confidence.

Particularly clear among respondents moving into clinical roles without prior experience or returning after time away (R2, R6, R8) were skills competencies challenges. R2's story of juggling guilt and homesickness with adjusting to clinical responsibilities reflects the cognitive and emotional challenges of re-skilling or up-learning in a new professional setting. In a similar vein, R6 underlined how competency goes beyond technical ability to include emotional intelligence and cultural sensitivity, stressing the challenge of developing patient trust free from cultural prejudices. Particularly in multicultural environments, professionals in healthcare environments report great stress when their training does not fit the expectations of their workplace, Santos et al. (2022).

The most common subtheme (R2, R3, R4, R5, R6, R7, R9) was interpersonal conflicts covering emotional pain, homesickness, isolation, and family separation. Many of the respondents, including R7 and R9, related very personal tales of emotional suffering brought on by distance from loved ones. Particularly R7 went into great length on the emotional toll a parent's absence during pivotal life events and the part extended family plays in lessening impact. Smith and Serafini (2023) agree with these results since one of the most psychologically taxing effects of migration is interpersonal and familial disconnection, which, if not resolved with appropriate support systems, usually results in long-term emotional consequences.

**Table 5**  
**Cross Analysis of the Lived Experiences of Filipino Nurses in the Global Healthcare Arena:**  
**A Qualitative Inquiry on Challenges**

Case #	Data	Initial Code	Categories
R1	Language Barrier	Managing Language and Communication Barriers	Barriers
R2	Adjusting to clinical skills without prior experience, dealing with homesickness, and the guilt of leaving my children for night shifts.	Skills Competencies, Interpersonal Conflicts	Conflicts
R3	I struggle most with managing my time and minimizing distractions.	Interpersonal Conflicts	Conflicts
R4	Language, homesickness, and initial isolation. Also, I came from working as a bagger in a grocery — shifting back to clinical work was mentally and emotionally draining.	Managing Language and Communication Barriers, Interpersonal Conflicts	Barriers
R5	Being away from my family and in my home culture	Interpersonal Conflicts	Conflicts
R6	The main challenge is building trust with patients as their healthcare provider, without assuming they	Skills Competencies, Interpersonal Conflicts	Conflicts

	won't receive good care due to cultural or national differences.		
R7	being separated from her children and not being there during those important milestones. I was too young and too focused on my studies to understand the diaspora. I think what helped us get through it was the support from my grandparents who raised us during the time both my parents were gone.	Interpersonal Conflicts	Conflicts
R8	Homesickness, cultural differences, and the pressure to perform well were the biggest challenges.	Skills Competencies, Cultural Differences	Cultural Differences
R9	Based on my personal experience, the biggest challenge I encountered while working abroad is Homesickness. Being away from family, friends, and the familiar comforts of home is a major emotional challenge. Missing important family events and the lack of a strong personal support network in the initial stages can be difficult	Interpersonal Conflicts	Conflicts
R10	Communication and cultural barriers	Managing Language and Communication Barriers	Cultural Differences

These show how interrelated and compound over time the difficulties faced are not isolated or easily compartmentalized. While emotional conflicts may compromise performance and adaptation, language problems can aggravate professional challenges. Dealing with these difficulties calls for a thorough awareness of the migrant experience and the provision of tools supporting both personal resilience and professional growth.

### Coping Mechanisms

Table 6 emphasizes the coping mechanisms of Filipino nurses in the global healthcare arena. It focuses on a wide spectrum of coping strategies applied to negotiate the pressures and emotional difficulties related to migration, occupational expectations, and personal sacrifices. From these answers, several subthemes of coping mechanisms surface: cognitive-behavioral strategies, self-care and wellness practices, spiritual and emotional self-regulation, social support and interpersonal connection. These systems mirror not only personal attempts to preserve mental health but also the relational and cultural settings in which these people function.

Spiritual and emotional self-regulation—which incorporates prayer, meditation, and self-affirmation—R1, R2, R4—is one major subtheme. Respondents frequently cited using prayer and spiritual direction as a means of strength and comfort during trying circumstances. R1, for instance, stressed the need of prayer and self-talk as means of reinterpretation of daily difficulties and promotion of hope. Recent studies verify the buffering effect of spirituality on stress, especially among healthcare professionals and migrants since it gives a sense of purpose and emotional grounding (Khodabakhsh et al., 2021).

**Table 6**  
**Cross Analysis of the Lived Experiences of Filipino Nurses in the Global Healthcare Arena:**  
**A Qualitative Inquiry on Coping Mechanisms**

Case #	Data	Initial Code	Categories
R1	Self-meditation, intrapersonal communication- I always try to remind myself that I am more than capable and no matter how challenging a day was, tomorrow is a new one, where I can reset and reassess my decisions and write a new page to this thing called life. I also tend to voice my frustration to someone (my partner most of the time) and release negative energy. Praying and asking for Gods intervention and guidance reassures me too.	Self-affirmation, emotional venting, prayer	Coping Techniques
R2	I prayed, journaled, and confided in fellow nurses. I also kept reminding myself of my purpose—my family’s future.	Journaling, social support, spiritual purpose	Support System
R3	To cope with stress, I practice mindfulness, seek help when necessary, and establish limits to prevent burnout. I also prioritize maintaining a healthy work-life balance.	Mindfulness, help-seeking, work boundaries	Boundaries
R4	I focused on breathing techniques, took short walks during breaks, and leaned on my Filipino friends here. Prayer also helped a lot.	Relaxation techniques, peer support, prayer	Coping Techniques
R5	Rest and emotional control. Also, Travelling and visiting different landmarks and cities	Rest, emotion regulation, leisure activities	Interpersonal Relationship
R6	healthy professional confrontation under the principle of professional values.	Assertiveness, values-based communication	Communication
R7	Have a social life. Filipinos abroad are able to cope to work-related pressures due to the fact that most of their coworkers are also their friends. This sometimes creates romantic relationships in the workplace and does complicate things a bit. I have witnessed this and learned from this as well.	Socialization, interpersonal learning	Interpersonal Relationship
R8	I relied on self-care strategies like exercise, meditation, and socializing with friends.	Self-care strategies, social connection	Boundaries
R9	I usually break it down into smaller, more manageable steps. I also set clear boundaries between work and personal life and avoided taking	Task management, boundary setting, effective communication	Boundaries

	work-related stress home with me. I tried strive for clear and concise communication with patients, colleagues, and supervisors.		
R10	Taking breaks from work, travelling to new countries, and spending time with friends	Breaks, exploration, companionship	Support System

Equally important is the theme of social support and interpersonal connection, which includes asking friends, confiding in loved ones, and creating supportive workplace relationships (R2, R4, R7, R8, R10). Many of the respondents emphasized the need of friendship, particularly among fellow Filipinos living overseas, and the emotional release that results from confining conversations to friends or relatives. Particularly in collectivist societies where communal ties are fundamental to coping, social support has been repeatedly linked to better mental health outcomes and lower rates of burnout (Ramos et al., 2022).

Self-care and wellness activities including exercise, travel, rest, and work-life balance (R5, R8, R10) constitute still another important coping mechanism. Respondents such as R5 and R10 emphasized the need of leisure and exploration as a psychological reset and means to fight monotony and tiredness. According to the literature, leisure breaks and physical activity can greatly lower psychological stress, raise mood, and improve general well-being (Luo et al., 2020).

Finally, cognitive-behavioral techniques—such as mindfulness, setting limits, good communication, and task management—were routinely cited as intentional attempts to control stress and increase efficiency (R3, R6, R9). These proactive strategies reflect an internal locus of control, in which people deliberately organize their actions and ideas to lower stress. Evidence-based strategies known to lower occupational stress and boost performance are cognitive-behavioral techniques including clearly defined limits and breaking projects into reasonable steps (Smith et al., 2021).

The coping mechanisms the respondents mentioned show a complex interaction among cultural values, personal resilience, and useful skills. These techniques are long-term tools for preserving emotional and psychological balance in demanding surroundings as well as adaptive reactions to instantaneous pressures.

### Impact on Personal Life

Table 7 presents the lived experiences of Filipino nurses in the global healthcare arena emphasizing on the impact on personal life. It stresses a mix of their personal development, financial empowerment, family dynamics, and emotional adaptation. These point to their complex experiences molded by the junction of changing values, emotional resilience, and cultural transitions.

Financial independence and lifestyle enhancement is one often occurring subtheme. Several respondents (R2, R5, R8) underlined how overseas employment has resulted in financial stability, so allowing them to support their families, access better opportunities, and enjoy a better quality of living. R2 pointed out, for instance, the ability to fully support parents as well as children, so indicating a multigenerational advantage from migration. R8 also covered the larger picture that results from financial freedom—that which includes independence and improved self-efficacy. Particularly among healthcare professionals, studies by Dutta and Ghosh (2021) show that financial security acquired by migration usually helps to improve psychological well-being and supports long-term life planning.

Also recurring is the theme of emotional maturity and personal development. R1 talked about learning to value money more because of the hardships suffered, while R4 mentioned growing in responsibility and gratitude. These stories show how migration events improve self-awareness and help one to change priorities. R9 said the trip was "complex and multifarious," noting both the emotional challenges of adjusting to a different culture and lifestyle as well as the personal development. Recent studies by Batalova and Fix (2020) which show that cultural immersion and adaptation can greatly widen personal horizons and build psychological resilience really speak to this.

Finally, stories like R1 and R10 mirror the subtopic of cultural adaptation and flexibility. R1 talked of how working abroad taught them the value of diligence and frugal living; R10 spoke of the emotional and personal freedom that comes from living abroad. Apart from social integration, cultural adaptation helps people to design a life consistent with their personal values and objectives. Kim and Lee (2021) claim that by letting immigrants combine aspects of host and home cultures into a more enhanced identity, cultural adaptation can raise life satisfaction.

Working overseas affects personal life in a complex mix of development, sacrifice, and adaptation rather than either totally good or bad. While juggling emotional distance and cultural changes, migrants sometimes grow more self-aware, financially savvy, and broadly minded. Their stories highlight the need of institutional and family support systems in helping to create a happy life overseas.

**Table 7**
**Cross Analysis of the Lived Experiences of Filipino Nurses in the Global Healthcare Arena:  
 A Qualitative Inquiry on Impact on Personal Life**

Case #	Data	Initial Code	Categories
R2	It gave me financial stability and a new level of independence. My children now have more opportunities, and I can support my parents fully.	Developing Financial Responsibility	Responsibility
R5	It allows me to experience better lifestyle and relationships that I have before	Better Lifestyle, Improved Relationships	Lifestyle Change
R6	Although I can now afford a better lifestyle, my relationships left in the Philippines suffer due to loss of physical connection as well as time difference	Better Lifestyle, Improved Relationships	Lifestyle Change
R7	We traveled and risk a lot to be here and yes it has changed our lives for the better. I live below my means so that I can enjoy traveling with my family. I do think that because of being a nurse, It was not hard to find that person that aligns and understands my psyche.	Developing Financial Responsibility, Lifestyle Change	Responsibility
R8	It has given me financial stability, independence, and a broader perspective on life.	Developing Financial Responsibility,	Responsibility
R9	I could say that the impact of working abroad on personal life is a complex and multifaceted experience. While there are potential challenges, such as strained relationships and culture shock, there are also significant opportunities for personal growth, broadened perspectives, and enriched relationships.	Personality Development, Challenges	Development
R10	Living overseas offers a wide spectrum of flexibility, allowing you to do what is best for you personally and emotionally.	Personality Development, Flexibility	Development

Professional Relationships

Table 8 presents the lived experiences of Filipino nurses in the global healthcare arena particularly on their professional relationships. This emphasizes the complicated dynamics of professional relationships the respondents encountered, with major subthemes around earning respect, conflict resolution, good teamwork, and communication across cultural differences. These stories capture the opportunities and difficulties of working in multicultural and multidisciplinary healthcare environments, where professional expectations, cultural values, and communication styles routinely cross.

One important subtheme is the process of gaining respect in foreign medical systems. Though these standards also created additional pressure, respondents such as R1 and R6

appreciated the high standards set by local nurses and the gratitude shown to healthcare professionals. R1 observed, for example, Germany's rigorous hygienic standards, which although admirable complicated daily chores. This experience reflects results by Zhang et al. (2021), who underline that respect in healthcare settings is often connected to cultural norms and institutional values, so demanding migrant professionals to adapt and prove competency in new surroundings.

Another fundamental theme turned out to be conflict resolution. Many times resulting from cultural differences or communication barriers, multiple respondents (R2, R3, R7, R10) related experiencing conflicts or misunderstandings. Reflecting a proactive approach to close gaps, R2 and R3 emphasized techniques including clear communication, active listening, and compromise. R7, meantime, underlined the need of neutrality and establishing limits when arbitrating personal conflicts. This is consistent with research by Al-Khatib and Jalal (2020), which indicate that keeping harmony and professionalism in various healthcare teams depends on culturally sensitive conflict resolution techniques being absolutely vital.

Another often mentioned pillar of good professional relationships was effective teamwork. Respondents (R4, R5, R9) underlined how much their work was meaningful and controllable depending on trust and cooperation with colleagues. While R5 and R9 valued the learning and respect among team members, R4 noted the emotional impact of having trusted peers. When supported by mutual trust and shared goals, interprofessional collaboration in culturally varied environments improves patient outcomes and professional satisfaction, claims Sadeghi et al. (2022).

At last, the subtheme of communication—especially as a means of overcoming cultural misinterpretation—was absolutely essential for building close professional relationships. R8 noted that although misunderstandings did arise, they were usually fixed by conversation. Research by Chen et al. (2020) supports communication as a vital ability for negotiating cultural differences in globalized medical workplaces, thus this emphasizes the need of cultural competency and emotional intelligence in healthcare settings.

**Table 8**
**Cross Analysis of the Lived Experiences of Filipino Nurses in the Global Healthcare Arena:  
 A Qualitative Inquiry on Professional Relationship**

Case #	Data	Initial Code	Categories
R1	Germany nurses are masters of Hygiene, they have lots of health care concepts regarding this topic. It amazes me but on the other hand it adds an extra step to every procedure that we have	Earning Respect	Communication
R2	Yes, sometimes I felt misunderstood or left out. But I learned to communicate clearly and build bridges.	Conflict Resolution, Building Communications	Communication
R3	Cultural differences can lead to miscommunications and conflicts at work. We resolve these issues through open communication, active listening, and finding common ground to understand different viewpoints.	Conflict Resolution, Miscommunications, Cultural differences	Individual Differences
R4	They made work more bearable and meaningful. Having even just a few people you trust at work changes everything.	Effective Collaboration	Collaboration
R5	Everyday working with the healthcare team and learning together	Effective Collaboration	Collaboration
R6	The respect and appreciation given to healthcare professionals who choose to serve their country over ours.	Earning Respect	Collaboration
R7	Most conflicts are handled professionally and immediately. I sometimes allow them to communicate but with conditions that they handle their tone and language appropriately. People do speak up if they are respected and validate their concerns. I act as a neutral party and believe me they will try to have you take their side if you don't set this up properly.	Conflict Resolution	Communication
R8	cultural misunderstandings occurred, but communication helped resolve them.	Better Communication	Communication
R9	I have observed that workplace relationships in Saudi Arabia are often characterized by a combination of professional respect, cultural sensitivity, and the importance of building trust-based connections.	Effective Collaboration	Collaboration
R10	They are highly open about their feelings and have distinct personalities, which sometimes doesn't help you.	Conflict Resolution, Differences	Individual Differences

Perception of Healthcare Practices

Table 9 presents the lived experiences of Filipino nurses in the global healthcare arena along their perception of healthcare practices. The opinions of the respondents about foreign healthcare practices, which expose a complex knowledge shaped by personal experience across several systems. Four main subthemes—quality of international healthcare systems, patient-centered care, nurse autonomy, and universal health standards—are highlighted by topical study of the answers. These subthemes highlight both the differences and commonalities seen between home and host nations as well as reflect changing global health surroundings.

Another often mentioned concept is patient-centered care. Many of the respondents (R3, R5, R10) pointed out a change toward customized, responsive treatment emphasizing patient needs and autonomy. This was occasionally a startling contrast to past experiences in systems where hierarchy and standardizing rule. Studies indicate that culturally competent, patient-centered models improve both satisfaction and clinical outcomes as healthcare systems all around shift toward more humanized care approaches (Lee & Chen, 2020). With a better awareness of global care approaches, migrant nurses sometimes find themselves both learning from and helping to contribute to these frameworks.

**Table 9**

**Cross Analysis of the Lived Experiences of Filipino Nurses in the Global Healthcare Arena:  
A Qualitative Inquiry on Perception of Healthcare Practices**

Case #	Data	Initial Code	Categories
R1	There are some but not much. Healthcare practices tend to be universal; it only differs in the cost and availability of health care resources	Quality of International Healthcare Systems	Healthcare Practices
R2	They were more advanced, patient-centered, and evidence-based than I expected. I had to unlearn some habits.	Quality of International Healthcare Systems	Healthcare Practices
R3	Their approach was more advanced, focused on patient-centered care, and grounded in evidence-based practice than I had anticipated. It required me to unlearn some of my previous habits.	Patient-Centered Care	Patient Care
R4	They were more advanced and systematic than I expected. I was surprised by how much independence nurses had.	Nurses Autonomy	Healthcare Practices
R5	It differs to systematic approach and individualized care	Patient-Centered Care	Patient Care
R6	Less fearful than I expected, I find healthcare here to be more understanding and compassionate from every part of the team especially when you are newly registered.	Quality of International Healthcare Systems	Healthcare Practices
R7	What I witnessed is that in the Philippines in general is that the healthcare workers are younger, respectful and playful. There is a sense of urgency when needed but most of the time nurses are happy. In comparison to the USA, Nurses are grumpy and jaded. Nursing burnout is everywhere. Age also is a factor since younger nurses are given the hardest tasks and older seasoned veterans take management positions. You can tell that there will always be a divide between management and bedside nurses.	Universal Health Standards, Nursing Challenges	Health Standards

R8	I expected the healthcare system in the U.S. to be more technologically advanced, but I was still surprised by the level of precision, structure, and autonomy given to nurses. I didn't expect nurses to be so empowered in decision-making. It differed from what I was used to in the Philippines, where hierarchy often limited what nurses could do independently.	Quality of International Healthcare Systems, Hierarchy, Technological Advancements	Health Standards
R9	I have expected that there's a growing emphasis on specialized medical care in Saudi Arabia, with the development of centers of excellence for cardiology, oncology, and other specialties. There are any hospitals in Saudi Arabia, particularly in major cities, are equipped with modern technology and advanced medical equipment.	Quality of International Healthcare Systems	Health Standards
R10	They provide comprehensive, accessible, and favourable care; nevertheless, it can take a long time for them to adequately address you, even if the services are covered at no additional cost.	Patient-Centered Care	Patient Care

Particularly in systems where nurses are given more freedom in clinical roles and decision-making, nurse autonomy was also a recurring topic. Unlike more strict, hierarchical systems in their countries of origin, respondents such as R4 and R8 showed surprise at the authority and respect given to nurses in their new environments. Particularly in nations with well-defined scopes of practice and collaborative interprofessional models, autonomy in nursing practice promotes job satisfaction and improves clinical judgment, per Alharbi and Dahinten (2021).

At last, opinions of universal health criteria exposed a mix of gratitude and critical analysis. While fundamental healthcare values may be universal, R1 and R7 underlined that actual practices vary depending on structural elements including culture, infrastructure, and professional dynamics. R7's analysis of the cultural and emotional tenor of nurses in various nations also reflects more general psychosocial factors that affect care delivery across systems, including burnout and generational workforce divides. Research stressing the emotional labor of nurses and its varied expressions in various healthcare cultures also reflect this observation (Cañero et al., 2021).

The data show that in foreign environments migrant healthcare workers negotiate a complicated interaction between familiarity and novelty. Their impressions highlight how workplace standards, cultural background, and system design affect their adaptation and professional development. Policy and healthcare leaders striving to create inclusive, fair environments using the strengths and viewpoints of a worldwide health workforce must first understand these insights.

### Expectations vs. Reality

Table 10 presents the lived experiences of Filipino nurses in the global healthcare arena focusing on expectations versus reality. It exposes an amazing discrepancy between their first expectations and the reality they come across. Under the general theme of Expectations vs. Reality: Cultural Immersion, Embracing the Depth of the Nursing Role, Achieving Cultural Competence, and Discovering Unexpected Benefits, topical analysis of the data reveals four main subthemes: These subthemes show the several dimensions of change in the healthcare industry in several institutional and cultural environments.

The subtheme of Cultural Immersion catches the psychological and emotional trip one takes when joining a different healthcare system. Respondents including R1 and R3 expressed that although the logistical elements of working overseas—such as workload or clinical expectations—were expected, the emotional depth of patient care, resilience, and interpersonal dynamics exceeded their expectations. This immersion into the emotional and cultural layers of nursing reflects results from recent studies stressing the significant identity transformation that results from nurses merging into foreign systems, usually becoming more reflective and emotionally strong in the process (Chávez & Awases, 2021).

Accepting the Depth of the Nursing Role turned out as still another important subtheme. R2, R5, and R10 among other participants admitted that their initial impressions of the nursing profession were not accurate; the work involved more complexity and fulfillment. Deepened respect for their vocation helped one meet the challenges—such as difficult transitions or worries about adjusting to new surroundings. Petriwskyj et al. (2020) claim that international nurses often go through a transforming process whereby their professional roles extend not only in technical but also in ethical and relational aspects.

**Table 10**  
**Cross Analysis of the Lived Experiences of Filipino Nurses in the Global Healthcare Arena:**  
**A Qualitative Inquiry on Expectation vs Reality**

Case #	Data	Initial Code	Categories
R1	I didn't fully realize the emotional depth of the job—the profound connections with patients, the resilience needed to handle difficult situations, and the constant learning required to adapt to new medical advancements. While my expectations about the workload and responsibilities were accurate, the personal and emotional growth I experienced as a nurse exceeded what I had imagined.	Cultural Immersion, Resilience	Environmental Adaptation
R2	Much harder at first, but also more fulfilling in the long run	Embracing the depth of the Nursing role	Roles
R3	To be honest, I expected that the workplace and environment would give me a hard time but in reality, it was easy to adjust. Most especially I have someone to depend on.	Cultural Immersion, Workplace Adjustment	Environmental Adaptation

R4	Much harder than expected. I had to start over — from working in a grocery store to passing tough exams. But now, I'm proud of the journey.	Achieving Cultural Competence	Environmental Adaptation
R5	I expected broader experience in a higher level of facility.	Embracing the depth of the Nursing role	Environmental Adaptation
R6	I anticipated gaining broader experience and exposure to a variety of diseases while also navigating cultural differences.	Discovering Unexpected Benefits	
R7	My wife worked abroad and her expectations was that she will earn more so that she can provide for her family. She had friends that went abroad in England and they were able to convince her to move there.	Achieving Cultural Competence, Work Expectations	Environmental Adaptation
R8	I expected higher pay, professional growth, and a chance to work with advanced equipment. I also thought the transition would be smoother since I already had clinical experience in the Philippines	Discovering Unexpected Benefits	Advantages
R9	I have expected that there is a need to adapt to the cultural and religious norms of Saudi Arabia, which are deeply rooted in Islam. I have also anticipated that there might some challenges in communicating with patients and local staff due to language differences (Arabic) and varying levels of English proficiency.	Achieving Cultural Competence	Environmental Adaptation
R10	Scared considering that you are working in a new environment, country, and with new people. Expect a seamless transition and approachable colleagues, with zero tolerance of bullying.	Embracing the depth of the Nursing role	Roles

A central theme also was the road to achieving cultural competency. Respondents such as R4, R7, and R9 spoke of having to drastically change to fit new cultural and religious settings, sometimes needing the unlearning of deeply rooted habits and beliefs. According to current nursing literature, cultural competency encompasses not only knowledge of patient backgrounds but also growing the ability to interact politely and successfully with many points of view (Papadopoulos et al., 2020). These reflections underline that cultural adaptation is an ongoing, lived experience molded by both obstacles and support networks rather than a one-time occurrence.

On Discovering Unexpected Benefits, it highlighted the serendipitous results many immigrant nurses came upon. Although participants like R6 and R8 found greater benefits in the form of personal development, exposure to advanced medical technologies, and enhanced professional identity, first motivations usually focused on financial gain or career advancement. This is consistent with the work of Al-Busaidi and Alamri (2022), who observe that cross-cultural professional experiences sometimes result in more comprehensive knowledge of patient care and enlarged clinical views.

For nurses working overseas, the difference between expectations and reality is both demanding and enlightening. Although they often arrive with pragmatic goals, migrant nurses come into complicated emotional, cultural, and ethical reality that changes both their personal and

professional identities. Developing supportive frameworks in worldwide healthcare systems depends on realizing these changes as part of a bigger story of resilience and development.

The interview findings revealed several salient codes and categories across major areas of the participants' experiences. Under Cultural Adjustment, nurses faced language barriers and cultural differences, yet many adopted strategies such as observation, inquiry, and immersion to adapt. In terms of Professional Growth, they experienced enhanced skills development, career advancement, and increased self-confidence. Social Support emerged through strong ties with family, peer connections, and involvement in community networks, which helped them cope with the emotional demands of working abroad. The Work Environment was characterized by heavy workloads, varying degrees of management support, and incidents of workplace discrimination. Under Challenges and Coping Mechanisms, participants cited homesickness, stress, and burnout, but also demonstrated resilience through faith and optimism. In their Personal Lives, sacrifices related to family separation and the responsibility of financial remittances were common, though some expressed contentment with the outcomes. Professional Relationships were influenced by team dynamics, levels of respect received, and communication barriers. In terms of Perception of Healthcare Practices, participants observed greater technological advancement, a culture of evidence-based practice, and patient-centered care abroad. Lastly, the theme of Expectations vs. Reality highlighted the contrast between their initial hopes and the practical demands of survival, prompting many to realign their goals over time. These sub-themes reflect a nuanced understanding of the complex personal and professional journeys of Filipino nurses working overseas.

#### **IV. Conclusion**

This chapter presents the summary and conclusion derived from the conduct of the study, which is to probe the experiences of Filipino nurses in the outlands. It also provides recommendations that Filipino nurses abroad can pursue.

The researcher conducted the study through virtual interview of Filipino nurses from various Countries where Filipinos are most employed. The respondents were Filipino nurses who are educated in the Philippines bearing Philippine License but chose to work in the outlands. The researcher selected them by utilizing purposive sampling, and the study employed qualitative case study research. The study used Thematic Network Analysis to interpret the answers of the participants.

#### **Salient Findings**

The findings of the interviews with 10 Filipino nurses working in the global healthcare arena clearly show that their migration experience is characterized by significant change on cultural differences, environmental stress, financial uplifts, and challenges encountered. The road of adjusting to foreign healthcare systems exposes a complex process including professional development, emotional resilience, and cultural immersion. Among the many difficulties these

nurses encountered were language problems, cultural misinterpretation, homesickness, and pressure to satisfy foreign clinical expectations. They were able to create successful coping mechanisms, which let them flourish in their new surroundings, by combining spiritual grounding, cognitive-behavioral techniques, supportive social networks, and institutional resources, nevertheless. Their stories show not only the challenges but also the chances for development—personal as well as professional. Along with better emotional maturity and cultural sensitivity, many said they had developed better critical thinking, autonomy, and clinical competence. Working overseas also changed their impressions of healthcare practices, so promoting a wider knowledge of patient-centered care and professional respect inside more ordered, technologically advanced systems. These nurses found empowerment in their ability to significantly contribute to global healthcare, support their families, and create lives consistent with their personal values—despite the emotional toll of family separation and the strain of adjusting to new norms. While stressing the need of thorough support systems to guarantee their continuous well-being and success in overseas practice, the study so emphasizes the resilience, adaptability, and global competency of Filipino nurses.

This chapter shows the summary of finding, conclusions, and recommendations that were derived from the analysis and interpretation of the findings of the study.

- 1. Demographic Profile of Respondents:** Majority were aged 20–39 (78%), mostly female (64%), and predominantly nurses (60%). Most were assigned to Public Health Units and had recent training (80% within 1–2 years).
- 2. Extent of Implementation of E-Konsulta:** The extent of implementation of E-Konsulta is Very Highly Implemented along accessibility, quality of care, benefit packages, reporting roles and provider performance.
- 3. Significant Differences:** Statistical analysis revealed significant differences in extent of implementation of E-Konsulta on demographic variables like age and years of service, particularly in accessibility and provider performance.
- 4. Significant Relationships:** There was a significant relationship between profile variables (e.g., education, income, internet access) and the extent of implementation of E-Konsulta, especially for accessibility and reporting roles.

## Conclusions

1. Health care workers in Eastern Pangasinan are female-dominated, middle adults, nurses, and were assigned to Public Health Units with recent trainings.
2. The extent of implementation of E-Konsulta in Eastern Pangasinan is very high.
3. Age and years of service, particularly in accessibility and provider performance, signifies differences in the extent of implementation of E-Konsulta.

4. Education, income, and internet access affect the extent of implementation of E-Konsulta, especially for accessibility and reporting roles.

## V. Recommendations

Based on the comprehensive insights gathered from the study a highly relevant and meaningful program recommendation would be the development of an online global community platform via website tailored specifically for Filipino nurses working abroad. This program, titled “KABALIKAT: Global Filipino Nurses Network”, is envisioned as a digital haven where Filipino nurses can share experiences, access peer support, exchange knowledge, and build professional solidarity across borders. A Support Program to resolve the challenges of global nurses is being proposed. The program proposal is as follows:

Program Proposal: **KABALIKAT – Global Filipino Nurses Network**



Program Overview

KABALIKAT (a Filipino term meaning “shoulder to lean on”) is an online community platform designed to empower Filipino nurses across the globe. Drawing from the study’s findings, this virtual community addresses the needs for social support, professional development, emotional well-being, and cultural adaptation. It aims to bridge the geographical and emotional distances often experienced by migrant nurses through a centralized, inclusive, and culturally grounded space.

Furthermore, the KABALIKAT Program will be proposed and coordinated to the Philippine Nurses Association, Inc for implementation. Also, stakeholders will be invited to join in its operation. The target end users will be mainly Filipino nurses in the outlands who seeks support on all areas, nurses who plan to venture in working abroad, and nurses who are already working

outside the Philippines who wish to share their experiences abroad.

I. Objectives

- To create a safe and supportive online space for Filipino nurses worldwide.
- To provide access to peer mentorship, real-time advice, and emotional support.
- To facilitate knowledge exchange on best practices, cultural competencies, and workplace challenges.
- To promote resilience, cultural pride, and community belonging.
- To assist in integration, adaptation, and long-term professional growth abroad.

II. Core Features

- A. Community Forums: Region-specific and specialty-based discussion boards for nurses to share experiences, seek advice, and provide mutual support.
  - B. Mental Health and Resilience Corner: Monthly webinars on emotional resilience, mindfulness, and spiritual wellness—especially tailored for OFWs.
  - C. Knowledge Hub: Articles, videos, and downloadable resources on evidence-based practices, clinical updates, cultural sensitivity training, and healthcare policies in host countries.
  - D. Mentorship Program: Pairing newly deployed nurses with experienced ones in their host country for guided support and real-world tips.
  - E. Event Calendar: Listing of online meetups, continuing professional development (CPD) seminars, and cultural celebrations.
  - F. Job Board and Resource Center: Curated job opportunities, licensing tips, housing leads, and embassy contacts by country.
- III. Accessibility & Platform Design
- Mobile-first design compatible with Android and iOS.
  - Low-bandwidth mode for areas with weak internet connectivity.
  - Multilingual support (Filipino, English, and regional dialects where possible).
  - Free to access with optional registration for personalized features.
- IV. Implementation Partners
- Philippine Nurses Association (PNA) – as an institutional backbone.
  - POEA / DMW (Department of Migrant Workers) – for integration with pre-departure orientations.
  - DOH and DFA – for policy alignment and ambassadorial support.
  - NGOs and diaspora groups – for on-the-ground coordination and events.
- V. Monitoring & Evaluation
- Bi-annual user feedback surveys and analytics to refine features.
  - Community moderators and nurse-ambassadors to ensure a safe, respectful, and helpful environment.
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## VI. Justification Based on Study Insights:

Isolation, homesickness, and cultural adaptation were recurring challenges (Tables 1, 5, 7).

Social support and Filipino community bonding were shown to be crucial coping strategies (Table 3).

Professional identity and growth are enhanced when nurses feel connected and respected (Table 2 & 8).

Many respondents highlighted the need for emotional ventilation and knowledge sharing, which this program can facilitate through digital means.

Based on the results of the study regarding the implementation of e-Konsulta from both healthcare workers' and clients' perspectives, the following recommendations are proposed:

1. **Enhance Client Awareness and Understanding:** Strengthen communication strategies to better inform clients about the benefit packages, reporting mechanisms, and the extent of services covered by e-Konsulta and Use clear, user-friendly formats (e.g., visual guides, infographics, local dialect) to improve comprehension and utilization.
2. **Improve Client Engagement in Reporting Processes:** Address the relatively lower client ratings in reporting roles by developing feedback mechanisms where clients can track updates on their health records, outcomes, and service usage, and offer simple orientation or guides on how patient data is handled to build trust and transparency.
3. **Provide Continuous Training for Healthcare Workers:** Maintain and expand training programs that focus on virtual consultation skills, privacy protocols, and efficient reporting, especially for those new to the platform or with limited digital experience. And Tailor modules according to healthcare workers' years of service and specializations, acknowledging that experience levels influence their perspective.
4. **Strengthen Follow-Up and Continuity of Care:** Address the lower scores related to follow-up services by establishing systematic follow-up protocols, automated reminders, and digital case tracking features and Assign care coordinators or telehealth navigators to help patients understand and follow through with treatment and referrals.
5. **Promote Inclusive Policy Development:** Integrate feedback from different age groups, occupational roles, and experience levels in refining e-Konsulta policies, ensuring that the system addresses the needs of both providers and clients and Consider location-based challenges even though they were not statistically significant, to ensure equitable access in remote or underserved areas.

6. Expand Integration with Healthcare Systems: Further develop the platform’s integration with diagnostic labs, pharmacies, and referral centers to create a seamless continuum of care. And Facilitate real-time referrals and result sharing within the platform to improve healthcare coordination.

AREA	OBJECTIVE	ACTIVITIES	PERSONS INVOLVED	BUDGET	EXPECTED OUTCOME
<ul style="list-style-type: none"> <li>Cultural differences</li> <li>Environmental stress</li> <li>Financial uplifting.</li> </ul>	<ul style="list-style-type: none"> <li>To create a safe and supportive online space for Filipino nurses worldwide.</li> <li>To provide access to peer mentorship, real-time advice, and emotional support.</li> <li>To facilitate knowledge exchange on best practices, cultural competencies, and workplace challenges.</li> <li>To promote resilience, cultural pride, and community belonging</li> </ul>	<ul style="list-style-type: none"> <li>Community Forums</li> <li>Mental Health and Resilience Corner</li> <li>Knowledge Hub</li> <li>Mentorship Program</li> <li>Event Calendar</li> <li>Job Board and Resource Center</li> </ul>	<ul style="list-style-type: none"> <li>Nurses and other Healthcare workers</li> <li>Philippine Nurses Association (PNA)</li> <li>POEA / DMW (Department of Migrant Workers)</li> <li>DOH and DFA</li> <li>NGOs and diaspora groups</li> </ul>	N/A	<ul style="list-style-type: none"> <li>Filipino nurses worldwide will experience an increased sense of emotional security and belonging within the online space, leading to greater participation and engagement.</li> <li>Participants will have improved access to peer mentorship and real-time advice, resulting in stronger professional networks and enhanced emotional resilience in managing workplace and personal challenges.</li> <li>There will be a noticeable increase in the exchange of best practices, strategies for cultural adaptation, and problem-solving approaches for workplace issues among Filipino nurses globally.</li> <li>The initiative will foster greater resilience, pride in Filipino cultural heritage, and a strengthened sense of community, empowering nurses to thrive professionally and personally across diverse cultural settings.</li> </ul>

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