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Lived Experiences of Filipino Home Care Nurses Abroad

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ABSTRACT:

This study examined the experiences of Filipino home care nurses working abroad, with a focus on identifying the economic, cultural, and professional factors that shape their experiences in foreign healthcare settings. The qualitative phenomenological design was employed, taking eight Filipino home care nurses as the participants of the study, which are chosen by the purposive sampling. Data were gathered by semi structured interviews and its analysis was done by use of the method of Colaizzi. The results were displayed as 4 dominant themes, which include economic motivation of overseas employment, language and cultural barriers, professional adaptation, and emotional resilience. The findings revealed that the main causes of migration were financial accountability and family issues and other barriers were communication problems, cultural and roles changes. Despite of these, the members showed flexibility through learning local languages, cultural practice, coping mechanisms like keeping communication with their families and peer support. The paper relies on the Transcultural Nursing Theory by Madeleine Leininger to emphasize the concept of cultural competence and resilience in providing effective care to patients abroad.

Keywords: *Cultural adaptation, emotional resilience, Filipino home care nurses, lived experiences, phenomenology, transcultural nursing*

INTRODUCTION

Home care nursing has long been an essential component of palliative and community healthcare services. In fact, Florence Nightingale, the founder of modern nursing, emphasized that the ultimate destination of nursing care is the patient's home, as stated in Notes on Nursing: What It Is and What It Is Not (Nightingale, 1860). Nursing is characterized not only by patient care, but also by the patient's intimate environment. Home care is a patient-centered approach in which nurses deliver care in an environment tailored to an individual's routines and emotional states. In today's healthcare environment, home care nurses are in high demand worldwide due to the increasing prevalence of chronic diseases and an aging population.

As a result of healthcare globalization, Filipino nurses have established themselves as major participant in the global nursing market, particularly in the home care sector. Their contributions clearly mirrored their professional skills and the internationally recognized reputation of Filipino home care nurses as patient, compassionate, and culturally adaptive practitioners. Borbolla and Nkansa-Dwamena (2025) report that Filipino nurses demonstrate exceptional emotional endurance and technical proficiency in adjusting to new healthcare environments. These advantages are particularly evident in home care settings, where cultural norms and family ties shape nursing practice. In these settings, nurses must strike a balance among personal space, cultural norms, and family dynamics to provide comprehensive care while highlighting their dual role as healthcare professionals and emotional allies.

These international experiences reinforce the country's long-standing tradition of producing globally competitive healthcare professionals. The Philippines is regarded as one of the major exporters of nurses due to Filipino nurses' contributions to economic growth and the quality of care they provide. Many Filipino home care nurses choose to work abroad to support their families financially. Despite the difficulties of separation, adjusting to a foreign culture, and working under demanding conditions, Filipino nurses maintained a high standard of care. Their resilience, devotion, and adaptability are unparalleled.

Filipino home care nurses are pertinent in the nursing sector by helping to address gaps in the nursing literature. Such research sheds light on how cultural norms, emotional labor, and global labor migration influence healthcare delivery. Analyzing their experiences provides critical insights into balancing between professional obligations and personal resilience in difficult situations. Because it emphasizes the importance of relevant policies, institutional support, and responsive education, it can contribute to the global nursing discussion. Identifying these factors is critical to preserving Filipino nurses' prominent role in the global healthcare system and to protecting their welfare, dignity, and professional competence.

OBJECTIVES OF THE STUDY

This study aimed to explore the lived experiences of Filipino home care nurses abroad.

MATERIALS AND METHODS

Research Design

This study employed a qualitative research design using a phenomenological approach to explore the lived experiences of Filipino home care nurses working abroad. According to Koster and Fernandez (2023), the goal of phenomenological research is to understand and describe individuals' lived experiences in order to uncover the essence and meaning of a particular phenomenon. This approach is well-suited for investigating the experiences of Filipino home care nurses, as it enables researchers to explore their perceptions, emotions, and perspectives on working abroad. According to Muzari (2022), qualitative techniques are considered best for researchers because they enable the collection of reliable and meaningful data. The research helped us grasp the emotional, cultural, and professional implications of caring for people from diverse ethnic backgrounds.

Regarding the data collection approach, the researcher conducted in-depth interviews to gain information from the participants. Using a semi-structured interview guide, the researcher encouraged participants to talk freely about their own experiences. The interviews were performed online, based on the participants' availability and location. To elicit more detailed responses regarding their difficulties, cultural adjustment, professional experiences, and coping mechanisms, the researcher utilized open-ended questions. To ensure an accurate and authentic representation of their experiences, the researcher recorded, transcribed, and thoroughly analyzed the participants' responses.

Participants of the Study

The study included eight Filipino home care nurses who met the following criteria: a. Filipino citizens; b. Registered nurse working as a home care nurse in both the Philippines and the host country; c. Worked as a home care nurse overseas, either currently or previously, and d. Having two years of experience with in-home care. The researcher excluded participants who did not meet the criteria, such as non-Filipino citizens, unlicensed nurses, or those with less than two years of home care experience. The researcher continued sampling until reaching data saturation, when additional participants no longer produced new themes or significant information.

Research Instrument

The study used a semi-structured in-depth interview guide to collect detailed information on the experiences of Filipino home care nurses abroad. The guide gave the participants a chance to express their views without diverging from the research aims. The interview began with a brief introduction to the study's objective and purpose, along with an explanation of the participant's selection. Followed by a warm-up question to build rapport, after which the main guiding question: 'Can you tell me about your experiences as a home care nurse abroad"?

To dissuade participants from providing detailed responses, the researcher utilized open-ended and neutral probing questions. 'What challenges have you encountered while adapting to your work and the new environment? How do you manage cultural differences and language barriers in your daily interactions with patients and their families?

The participants selected their preferred language of communication to express themselves accurately and comfortably. Each interview concluded with a closing question that allowed them to share any additional information relevant to the study.

Data Analysis

The researcher utilized Colaizzi's method of descriptive phenomenology. This approach is designed to uncover new information, provide insights, and contextualize participants' experiences (Wirihana et al., 2018). The analysis followed seven steps. First, the analysis involved reading all participants' verbatim transcripts several times to gain a general sense of their experiences. Second, the researcher extracted sentences significant to the phenomenon under study. Third, examination of significant remarks to obtain their underlying meanings. Fourth, the researcher grouped themes with similar meanings to systematically summarize the data. Fifth, the researcher incorporated these themes into a comprehensive account of the participants' actual experiences. Sixth, the researcher created a synthesized statement that would enable a description of the phenomenon. Lastly, integration and modification of any novel or relevant information gathered through participants' validation to align with their lived experiences.

The researcher applied several techniques to ensure the study's credibility and reliability. Spending a lot of time dealing with the data, carefully removing the transcribed entries, and participant validation, also known as member checking, where individuals double-checked that their responses were correct, all helped to establish credibility. The research proceeded methodically and thoroughly, using Colaizzi's method to ensure dependability. Additionally, the researcher addressed this by reducing bias and basing all conclusions on actual participants data.

Data Gathering

The researcher conducted interviews in a private and comfortable setting chosen by the participants, such as their home, a preferred workplace, or an online platform when in-person meetings were not possible. With the participants' permission, the researcher audio-recorded the interview using a digital recorder or mobile phone to ensure accurate data collection. Additionally, the researcher took field notes during the interviews to document relevant observations. At the conclusion of the survey, the researcher allowed participants to provide additional comments and assured them that their responses would remain confidential and that they could withdraw from the study at any time without consequences.

Ethical Considerations

Several ethical issues were prioritized in this study in order to respect the privacy, autonomy, dignity, and safety of all participants. The researcher did this in advance by providing them with an informed consent form outlining the procedures, potential risks or hazards, the purpose of the study, and the voluntary nature of participation. The researcher ensured the protection of participants' identities by using pseudonyms in all transcripts, reports, and publications and by maintaining the confidentiality of all disclosed information. Additionally, they agreed that participants would be free to leave the study at any time without facing any consequences or penalties. The interview process ensured the participants' well-being. If a participant expressed dissatisfaction or discomfort during discussion of sensitive topics, the interview was paused or ended at their request. The study ensured that psychological support resources were easily accessible if required. In addition to demonstrating cultural differences, beliefs, and norms, the research process complied with ethical requirements and standards designed to protect participants' rights and interests, which was also advantageous to the study.

RESULTS AND DISCUSSION

This chapter presents the findings of the study entitled "Lived Experiences of Filipino Home Care Nurses Abroad." The responses gathered from participants were analyzed thematically. Similar responses and experiences were coded and grouped into recurring patterns to identify major themes that describe the lived experiences of Filipino home care nurses working abroad.

Sociodemographic Profile of the Participants

The first participant is "Mario", a 36-year-old male, married, and a Bachelor's degree holder in Nursing. He is registered to practice the nursing profession both in Saudi Arabia and Qatar. Mario is a member of the Roman Catholic church. He previously worked in Saudi Arabia as a hospital nurse, and in 2018 he transferred to Qatar, where he has been working as a home care nurse. He believed that in any type of work, patience,

understanding, and adaptability is very important. He emphasized the need to always be prepared for changes and remain alert at work.

The second participant is "Marlon". He is a 36-year-old male, married, and a Bachelor's degree holder in Nursing. He is a licensed nurse to practice in Qatar and a Roman Catholic. Since 2016, he has been working in Qatar as a home care nurse. At first, he thought that being a home care nurse is difficult, but once gained experienced, the work becomes manageable. His decision in working as a home care nurse abroad was rooted more in obligation and necessity rather than a personal ambition.

The third participant is "Manuel". He is a 38-year-old male, married, and holds a Bachelor's degree in Nursing. He is a registered nurse licensed to practice in Qatar and is a Roman catholic. He has been a home care nurse since 2018 and is now a nurse supervisor in the same company. Initially, he aspired to work in a hospital setting, which he perceived as more aligned with his professional training. However, when presented with an opportunity in home care abroad, he chose to accept it due to financial considerations and long-term career prospects.

The fourth participant is "Mark". He is a 38-year-old male, single, and a Bachelor's degree holder in Nursing and licensed to practice the nursing profession in Qatar. He is a devotee and a member of church of God international MCGI). He is a registered nurse licensed to practice both in Qatar and in the United Arab Emirates. He began working as a home care nurse in Qatar in 2014, and eventually transferred to UAE in 2018, where he continued his career as a home care nurse. His decision to work abroad was a pursuit of "greener pastures and a bigger salary." He endured the initial hardship by studying Arabic and seeking help from coworkers who had more experience.

The fifth participant is "Maico". He is a 38-year-old male, single, and holds a Bachelor's degree in Nursing. He is a licensed nurse to practice in Qatar. He is a Roman Catholic. He began his career as a home care nurse in 2019 in Qatar. His main reason for working abroad was the fear that if he remained in the Philippines, he would be left behind. His early experiences abroad were physically and emotionally demanding. He described working long 12-hour shifts and performing labor-intensive tasks.

The sixth participant is "Melchor", a 39-year-old male, married, and a Bachelor's degree holder in Nursing. He is a registered nurse licensed to practice in Qatar. He is a Roman Catholic. He has worked as a home care nurse for almost 16 years. His motivation is both professional growth and financial support for his family. With extensive experience in home care, he had long exposure to cross-cultural healthcare environments. However, his journey was not without challenges. He described experiences of rejection by patients and unfair reporting incidents.

The seventh participant is "Maria". She is a 53-year-old female, married, and a Bachelor's degree holder in nursing. She is a registered nurse licensed to practice in Saudi Arabia, Qatar & UAE. She has worked as home care nurse abroad for almost 23 years and is currently based in the UAE. She identified her religion as the Church of God International (MCGI). One of the challenges she encountered was the perception for home care nurses. She shared that in the past, home care nurses were sometimes looked down upon compared to hospital nurses. However, she observed that over time, the view toward home care nurses improved, and the role became more recognized and respected.

The eighth participant is "Marites". She is a 37-year-old female, married, and holds a Master's degree in nursing. She is a devotee of the Roman Catholic faith. She worked as a home care nurse in UAE for 2 years. She recalled frequently checking to "Mr. Google" every time she spoke with her patient to ensure accurate understanding. Emotionally, she drew strength from the appreciation expressed by patients and families. She described collecting "thank you" moments a source of motivation to continue working hard despite challenges.

Table 1 shows the sociodemographic profile of the participants including their age, sex, educational attainment, marital status, religion, country of practice, and years of experience. There were 8 participants qualified in the inclusion criteria. Among these participants, 6 were male and 2 were female. All participants belonged to the middle-aged group (36 – 55 years old). In terms of educational attainment, all held a Bachelor's degree in nursing, with 1 having completed a Master's degree. Regarding marital status, 75% were married, while 25% were single. In terms of religion, 6 were Roman Catholic and 2 were identified Christians, however, categorized themselves as member of the Church of God International (MCGI). For the country of practiced, all

participants worked experienced were in the middle east, specifically in Qatar and UAE. As to their years of experienced, 7 participants had more than 7 years of worked experienced, while one participant has 2 years. The sociodemographic profiles of the participants were the factors on how they adapt to the diverse cultures, day to day challenges, cope with stress and meet the demands of working in a foreign land.

Table 1 Sociodemographic Profile

Name	Age (in years)	Sex	Educa-tional Attain-ment	Marital Status	Religion	Country of Practice	Years of Experience
"Mario"	36	Male	BSN	Married	Roman Catholic	Qatar	8 years
"Marlon"	36	Male	BSN	Married	Roman Catholic	Qatar	10 years
"Manuel"	38	Male	BSN	Married	Roman Catholic	Qatar	7 years
"Mark"	38	Male	BSN	Single	MCGI	Qatar & UAE	12 years
"Maico"	38	Male	BSN	Single	Roman Catholic	Qatar	7 years
"Melchor"	39	Male	BSN	Married	Roman Catholic	Qatar	16 years
"Maria"	53	Female	BSN	Married	MCGI	Qatar & UAE	23 years
"Marites"	37	Female	MN	Married	Roman Catholic	UAE	2 years

Thematic Insights on the Lived Experiences of Filipino Home

Care Nurses Abroad

From the analysis of the interview data, four major themes emerged. Two themes described the challenges encountered by nurses. (1) Economic Motivation for Overseas Employment; (2) Language and Cultural Barriers in Home care Practice, while two themes highlighted their coping mechanisms and positive growth experiences. (3) Professional Adaptation and Cultural Accommodation; (4) Emotional Resilience and Coping Strategies. The sub-themes under the "Economic Motivation for Overseas Employment": (1a) Immediate economic need; (1b) Family responsibility; (1c) Career and financial growth. For "Language and Cultural Barriers in Home care Practice"; the sub-themes identified were: (2a) Use of observation, non-verbal cues, and patience; (2b) Sensitivity, respect & professionalism. For the third theme, "Professional Adaptation and Cultural Accommodation", the sub-themes were: (3a) Bridging communication gaps; (3b) Building competence and trust. Lastly, for "Emotional Resilience and Coping Strategies", the identified sub-themes were: (4a) Strengthening support systems; (4b) Developing emotional strength. The analysis was interpreted using Madeleine Leininger's Transcultural Nursing Theory, which emphasizes culturally congruent care through adaptation, accommodation, and professional understanding of cultural differences.

Theme 1: Economic Motivation for Overseas Employment

The substantial financial incentive to work overseas emerged as one of the most prevalent themes from the participants' tales. Many participants said that the desire to provide for their family and attain financial stability was the main factor in their decision to work as home care nurses overseas. For several participants, working in home care was not their first choice of career, but it became a feasible option for finding work abroad.

These words exemplified the Filipino tradition of placing a great value on family, with individuals frequently making personal sacrifices to improve the family's economic stability. Working overseas becomes a strategic move to assure long-term financial stability.

This result aligns with Lee et al. (2025), who revealed that migrant healthcare workers often seek jobs overseas due to family obligations and financial necessity. Similarly, Alonso and Cruz (2023) found that when opportunities for overseas employment arise, Filipino nurses tend to accept jobs outside their field of competence.

From the perspective of Leininger's Transcultural Nursing Theory, this theme reflects cultural care preservation, where Filipino nurses maintain their cultural values of family responsibility and collective welfare even while practicing in foreign healthcare environments.

(1a) Immediate economic need

Mario, a 36-year-old home care nurse in Qatar, openly expressed that financial pressure pushed him to pursue overseas employment:
(Kailangan ko po kasi kumita. At dahil sa urgent need ko talaga magka pera, nagkaroon ng offer ung company, kasi x-abroad din ako kaya lumipat ako from Saudi to Qatar. Alam ko naman na homecare pero dumiretso pa din ako kasi motivated talaga ako financially)
I urgently needed to earn money at that time. I was financially motivated, so I transferred from Saudi to Qatar and worked as a homecare nurse because I needed income.
(1b) Family responsibility
Marlon, a 36-year-old home care nurse in Qatar, shared that family responsibilities influenced his decision:
I had a family and a child, so I needed work.
Similarly, Manuel, a 38-year-old home care nurse in Qatar, expressed (ung nag motivate talaga is para ma support ang family kasi mas maganda ang offer dito kumpara sa pinas).
The main motivation was to support my family. The offer abroad is better compared to our country.
(1c) Career and Financial Growth

Manuel, also said that, (Pangalawa po is career growth. Marami po kasing opportunity dito sa abroad kaya maraming chance na ma promote o mag excel ka sa larangan ng pagiging nurse).

Another reason is career growth because there are more opportunities abroad, with more chances for promotion and to excel in the industry.
Mark, a 38-year-old home care nurse in UAE, like others, I was looking for a greener pasture and a bigger salary. Specifically, I did not really choose home care at first, but that was the opportunity available, so I accepted the nurse in home care position."
Maico, a 38-year-old home care nurse in Qatar, also expressed fear of economic stagnation, stating that he worked abroad because he felt that he might be "left behind" if he remained in the Philippines.
I felt that if I stayed in the Philippines, I would be left behind. I had high dreams and wanted to be efficient, considering the entry rate. I thought it would be easier to work abroad to save and acquire properties.

Theme 2: Language and Cultural Barriers in Home Care Practice

Another key concern raised by the study was the presence of linguistic and cultural barriers that significantly affect the Filipino home care nurses' capacity to adjust abroad. Many participants experienced difficulties in connecting with patients and their families, particularly those who spoke Arabic as their first language.

Language problems led to miscommunications and occasionally made providing care more difficult. Participants described challenges in communication and in adapting to new cultural customs, traditions, and expectations while working in patients' homes.

These encounters highlighted the significance of cultural sensitivity and knowledge in home care practice, particularly when nurses collaborate directly with patients and families in private homes.

This finding supports the research of Lee et al. (2025), who reported that migrant caregivers often face language barriers and cultural challenges when providing care in foreign home environments. Likewise, Origlia et al. (2019) emphasized that communication difficulties and unfamiliar cultural expectations are among the most common challenges encountered by migrant healthcare workers.

Within the framework of Leininger's Transcultural Nursing Theory, these experiences illustrate the need for cultural care accommodation, where nurses adjust their communication styles and behaviors to provide culturally appropriate and respectful care.

(2a) Used of observation, non-verbal cues, and patience.

Mark, a 38-year-old home care nurse in the UAE, shared
his initial struggle with communication:

(Ung unang pasyente ko is local hindi nag english at arabic lang ang salita, hindi kami magka intindihan). My first patient was local and spoke only Arabic, so we could not understand each other.

Similarly, Marites, a 37-year-old home care nurse in the UAE, described relying on translation tools to communicate effectively:
I could still recall looking at Mr. Google every time I spoke to my patient.

Maico, a 38-year-old home care nurse in Qatar, the major challenge was communication and culture. Their way of thinking and decision-making is different. Even if you are excellent in English, there are still misunderstanding. If they are not good in English and you do not know Arabic, there will be conflict.

(2b) Sensitivity, respect & professionalism

Marites, also explained how she respected cultural traditions by adjusting her attire when requested:
If the patient's family asked me to wear hijab, I wear it to show respect to their tradition." Even though Dubai is an open city, it is still a Muslim nation, so we would wear long sleeves inside our scrub suits.
Manuel, a 38-year-old home care nurse in Qatar. (At ung ugali ng mga tao dito) The attitude of some local people was also difficult, especially in medical situations, because their patience can be quite difficult.
There were also challenges in gaining the trust of the patient's family. When you replace another nurse, they compare you to the previous one. You have to get their trust, and it is not immediate. They will not easily trust you to take care of their father or mother.
Mark, a 38-year-old home care nurse in the UAE, the culture is different, and as an expat, you must discipline yourself. There are many policies that are different from the Philippines.

Theme 3: Professional Adaptation and Cultural Accommodation

Many participants showed professional flexibility and a desire to learn despite the difficulties they faced in overseas workplaces. In order to overcome linguistic obstacles, comprehend cultural norms, and win patients' and their families' trust, nurses actively devised tactics.

These encounters showed that Filipino home care nurses actively modify their professional practices to align with the social and cultural norms of their host countries. These changes ultimately result in improved patient outcomes, stronger patient relationships, and enhanced communication.

Hernandez et al. (2022) highlighted that as migrant nurses gain experience in foreign healthcare environments, they develop adaptive techniques and intercultural competence. This finding validates their findings.

Leininger's Transcultural Nursing Theory describes this process as cultural care accommodation and negotiation, in which healthcare providers modify their practices to offer care that is both culturally suitable and professionally effective.

(3a) Bridging communication gaps

Mario, a 36-year-old home care nurse in Qatar, described how he took the initiative to learn basic Arabic words to improve communication:

I studied Arabic words so that we could understand each other, especially with family members who do not speak English.

Similarly, Mark, a 38-year-old home care nurse in the UAE. I researched and asked my co-workers, especially, (ung mga matagal na at mga nauna) those who were there first. I studied Arabic words and asked friends and

colleagues. Because of that, I was able to communicate better with my patient. It is difficult when you do not understand each other, so learning their language helped improve our communication.

Manuel, a 38-year-old home care nurse in Qatar, explained how he used translation tools and memorized commonly used words to communicate more effectively:

(Kailangan mo talaga matuto) You really need to learn, even just the basics. You have to find ways to understand what the patient is saying, especially if the patient is noisy or keeps repeating what they need. (Gumamit ako ng google translate) I used Google Translate and sign language. (Paginuulit nya ung mga salita, tinatandaan ko at sinusulat.) When they repeat words, I remember or write them down so that next time I will know what they mean, especially when asking where it hurts and what medicine is needed.

Marites, a 37-year-old home care nurse in the UAE, Mr. Google was a big help for the language barrier. I also asked my colleagues to be familiar with commonly used words by patients.

(3b) Building Competence and trust

Another important aspect of professional adaptation involved gaining the trust of patients and their families.

Manuel, a 38-year-old home care nurse in Qatar, highlighted that trust develops gradually in home care settings:

“Trust is not immediate… they will not easily trust you to take care of their father or mother.

Similarly, Melchor, a 39-year-old home care nurse in Qatar, I respect their culture and become open-minded. If you go against their belief or culture, you cannot gain their trust and you cannot work properly. I was lucky with my first client who was good in English and corrected my Arabic. He became like my tutor. I listened and learned.

Maria, a 53-year-old home care nurse in the UAE, also expressed, I managed cultural differences by being observant, respectful, and professional at all times. Working inside patients’ homes required understanding the family, their traditions, and expectations. Through experience, I learned how to adjust in terms of communication and behaviour according to the cultural environment while maintaining my role as a nurse.

Theme 4: Emotional Resilience and Coping Strategies

The study's last theme, emotional resilience, played an essential role in assisting Filipino home care nurses to overcome the difficulties of working overseas. Particularly in their initial months abroad, participants reported feeling homesick, under emotional strain, and having trouble in their careers.

Despite these difficulties, nurses developed a variety of coping strategies to maintain their emotional well-being. Several participants highlighted approaches such as maintaining contact with family, participating in leisure activities, and forming friendships to other Filipino employees. These coping mechanisms enabled nurses to preserve emotional equilibrium and continue delivering compassionate care despite the demands of working overseas.

This finding is similar with Torres and Ramirez's (2024) research, which found that migrant healthcare workers rely heavily on emotional resilience, peer support, and family communication to cope with stress and homesickness.

Within the context of Leininger’s Transcultural Nursing Theory, emotional resilience supports nurses’ ability to maintain culturally competent care while navigating the complexities of cross-cultural healthcare environments.

(4a) Strengthening support system

Melchor, a 39-year-old home care nurse in Qatar, described feelings of isolation and emotional hardship:

Being alone and homesick is hard, sometimes you do your job well but the patient rejects you. I was lucky with my first client who was good in English and corrected my Arabic. He became like my tutor. I listened and learned. Usually, I communicate with family. I go out and play basketball and volleyball. You meet many friends who become your support system in the long run.

Mario, a 36-year-old home care nurse in Qatar, explained: (Mayroon kaming mga sport activities. Naglalaro kami ng basketball pag day off at namamasyal din kami sa mall at sa mga park ganun. Sa homesickness naman, constant communication lang sa family. Tawag pag out sa duty, pag day off naman tawag ulit pag same naman ang oras namin. Un lang, ganun talaga homesickness talaga. Mahirap sya pero my paraan naman, communication lang).

To manage stress, I join sports activities like playing basketball during the day off and going to the mall and park. For homesickness, I maintain constant communication with my family. It's difficult, but there's a way. It just requires communication.

Manuel, a 38-year-old home care nurse in Qatar, (pag stressed talaga ako) When stressed, I go out and take a walk. (Tumatawag sa pamilya) I do video calls with my family. Since 2016, video calls have been available, and that is what I use. Sometimes I buy personal goods. Over time, (nasanay na din) you get used to it.

(4b) Developing emotional strength

Maico, a 38-year-old home care nurse in Qatar, emphasized the importance of emotional strength:
You need adaptability. You need patience. You need to be strong. You need to adjust regardless of the situation. (Lakasan ng loob at pahabaan ng pasensya). If you are weak and do not have patience, you will not reach anything here."

Similarly, Marites, a 37-year-old home care nurse in the UAE, also shared that emotional encouragement from patients helped her stay motivated:
Every time my patient thanks me… I collect those thank you to gather strength.

Maria, a 53-year-old home care nurse in the UAE, having worked abroad for many years, I developed resilience and adaptability. I relied on maintaining communication with family members and holding on to my faith for strength and guidance. Over time, experience helped me manage stress more effectively and become more confident in my role.

Overall Discussion

The findings of this study revealed that Filipino home care nurses working abroad experienced a complex combination of economic motivations, cultural challenges, professional adaptation, and emotional resilience. Financial responsibility toward family members remains a major factor influencing overseas employment decisions.

At the same time, nurses encountered various challenges, including language barriers, cultural differences, role adjustments, and emotional stress. Despite these difficulties, Filipino nurses demonstrated remarkable adaptability by learning new languages, respecting cultural traditions, and developing coping mechanisms to maintain emotional stability.

Through the lens of Madeleine Leininger's Transcultural Nursing Theory, the participants' experiences illustrate the importance of cultural care accommodation and culturally congruent nursing practice. By adapting to diverse cultural environments while maintaining their professional values, Filipino home care nurses successfully navigate the demands of providing healthcare in foreign settings.

Overall, the participants' lived experiences show a journey of sacrifice, professional development, cultural understanding, and resilience, emphasizing the critical role of Filipino home care nurses in the global healthcare workforce.

SUMMARY, CONCLUSION & RECOMMENDATION

Summary

The researcher looked into the experiences of Filipino home care nurses working overseas. Since the majority of nurses said that home care nursing was not their first choice, the results demonstrated that financial

incentives and family obligations were important factors in encouraging nurses to pursue positions abroad. The participants reported that the initial problems were related to language barriers, variety, environmental adaptation, and role adaptability, particularly when the practice was hospital-based, and the participant switched to a customized home care practice. Emotional resilience, peer support, learning the host language, and acculturation—which entailed observing host customs and modifying communication patterns—were some of the coping mechanisms. Despite role conflict, professional undervaluation, and homesickness, the nurses showed adaptability, patience, and even professionalism. Over time, these experiences have resulted in the development of professional competence, cultural understanding, and personal growth, all of which align with the tenets of Madeleine Leininger's transcultural nursing. Overall, the study highlights how the lived experiences of Filipino home care nurses shape the economic, cultural, and professional dynamics within their host countries.

Conclusion

Filipino home care nurses working abroad face a variety of global concerns, including role conflict, cultural adjustment, and economic strain. Their migration preferences are strongly influenced by family-oriented values and the search for better financial conditions. Despite these difficulties, the nurses showed perseverance, adaptability, emotional and professional growth, and a commitment to delivering culturally appropriate care. Through social support, patience, and active learning, nurses overcome language barriers, contextual differences, and initial professional uncertainties. In conclusion, the experiences of Filipino home care nurses were influenced by cultural values, personal tenacity, and professional responsibility, underscoring the critical role that transcultural competence plays in providing efficient home care abroad.

Recommendations

This study suggests the following recommendations based on its findings:

1. For Filipino Nurses: Filipino nurses who want to work abroad should take the initiative to get ready for the possible difficulties they may encounter. To minimize communication barriers and guarantee high-quality patient care, nurses should improve their language skills, especially in the host nation's native language. Additionally, they must understand and value cultural diversity and be aware of how cultural norms and beliefs may influence their everyday interactions with patients and families. Additionally, ongoing professional development and skill enhancement may help nurses navigate the home care setting, build their confidence, and maintain a high standard of care.

2. For Philippine nursing schools and training facilities: Nurses who may be working abroad must have comprehensive pre-departure training. Including cultural competency, home care skills, and useful coping methods for stress and homesickness. To empower nurses with confidence and dignity to perform tasks beyond the hospital setting, institutions should incorporate professional identity and role adjustment. This preparation may improve the nurses' readiness, lessen initial adjustment difficulties, and increase their success overseas.

3. For Employers Abroad: Healthcare facilities employing foreign nurses should prioritize orientation programs that acquaint them with the local culture, patient expectations, and basic language skills. Employers should ensure fair treatment, appropriate utilization of professional skills, and recognition to prevent role conflict and undervaluation of nurses. They should also provide mentorship, support, and guidance to improve coping mechanism, boost employee morale, and promote the retention of skilled Filipino nurses.

4. For Policy Makers: Laws protecting the rights of Filipino nurses working abroad should be developed and implemented by the Philippine government and other relevant authorities. Policies must provide fair treatment, sufficient remuneration, and access to the host nation's grievance procedures. Additionally, it should encourage initiatives that may enhance psychological well-being, such as peer support groups, counseling services, and chances for ongoing professional growth. These initiatives may strengthen nurses' resilience and safeguard their welfare abroad.

5. Future Research: Future studies should examine the long-term career trends, emotional health, and cultural adjustment of Filipino nurses in different countries and medical facilities. Additional research on coping strategies, professional growth, and institutional support systems may improve the experiences

and outcomes of Filipino home care nurses working overseas. This research may inform evidence-based policies and initiatives to enhance the well-being of Filipino healthcare workers abroad.

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