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Filipino Nurses' Cultural Adjustment and Coping Strategies in Hospitals in Makkah, Saudi Arabia: A Basis for a Human Resource Development Plan

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ABSTRACT

This study explored the cultural adjustment experiences and coping strategies of Filipino nurses working in hospitals in Makkah, Saudi Arabia, and used the findings as a basis for a human resource development plan. A qualitative phenomenological design was employed to capture the participants' lived experiences within the city's distinctive Islamic, multicultural, and high-demand healthcare environment. Ten Filipino nurses with at least one year of hospital experience in Makkah were purposively selected. Data were collected through validated semi-structured, in-depth interviews, supported by member checking and other trustworthiness procedures, and were analyzed thematically. The findings showed that cultural adjustment involved rigid gender boundaries and modesty norms, language and communication barriers, professional dislocation, homesickness, anxiety, and culture shock. Cultural differences also required nurses to realign therapeutic styles, manage diverse communication patterns within multidisciplinary teams, and reconcile Filipino values of harmony with hierarchical institutional policies. Participants coped through spiritual practices, Filipino peer networks, cultural learning, basic Arabic communication, and adaptive professional behavior. They recommended structured cultural orientation, medical Arabic training, preceptorship, cross-cultural workshops, mental health and wellness support, social and spiritual support, inclusive policies, and regular program evaluation. The study concludes that Filipino nurses demonstrate considerable adaptability and resilience, but successful adjustment and retention require culturally responsive organizational support. The proposed human resource development plan offers practical directions for strengthening communication, workforce well-being, culturally sensitive care, and professional integration in Makkah hospitals.

Keywords: *cultural adjustment, coping strategies, expatriate nurses, Filipino nurses, human resource development, Makkah*

INTRODUCTION

International nurse migration has become an important response to workforce shortages across healthcare systems. Saudi Arabia has long depended on expatriate nurses, including professionals from the Philippines, to deliver care in technologically advanced and culturally diverse hospital settings. For Filipino nurses, relocation offers professional and economic opportunities, but it also requires adjustment to unfamiliar workplace systems, social expectations, language patterns, and religiously grounded practices. The transition is particularly complex in Makkah, where healthcare delivery is embedded within a highly conservative Islamic environment and is intensified by the arrival of large, multilingual patient populations during Ramadan and the Hajj pilgrimage.

Cultural adjustment involves the behavioral, emotional, and professional changes that enable individuals to function in a new cultural environment. Expatriate nurses in Saudi Arabia commonly experience language

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barriers, unfamiliar gender expectations, different communication styles, separation from family, and uncertainty about institutional norms. These difficulties may affect nurse-patient communication, teamwork, job satisfaction, and perceived professional competence (Albougami & Alotaibi, 2020; Zakaria & Yusuf, 2023). Communication barriers are especially consequential because they can weaken history taking, patient teaching, medication explanations, informed consent, and the accurate recognition of changes in patient condition (Al Shamsi et al., 2020; Gerchow et al., 2021).

The Makkah context adds socio-religious responsibilities to the usual demands of expatriate practice. Filipino nurses must respect modesty, gender segregation, family participation, prayer schedules, fasting practices, and local expectations regarding privacy and therapeutic interaction. Cultural competence therefore extends beyond knowledge of customs; it requires the ability to modify communication and care while maintaining safety, compassion, and professional standards. Research has shown that greater cultural competence and structural support are associated with more effective communication among nurses in Saudi healthcare settings (Falatah et al., 2022), while Filipino nurses working in the country report that language learning, rapport building, peer support, and cultural immersion help them integrate into practice (Galingana et al., 2025).

Adjustment is also a human resource concern. Persistent stress, fatigue, communication overload, and inadequate organizational support may contribute to burnout and turnover intention among nurses (Barrett et al., 2023; Hatukay et al., 2024; Xu et al., 2023). Conversely, social support, cultural learning, mentoring, fair opportunities, and accessible wellness resources can strengthen resilience and retention. Evidence from Filipino and other expatriate nurses suggests that organizational practices influence how successfully nurses integrate into host-country workplaces and whether they can sustain quality care under culturally unfamiliar conditions (Ampuan & Bangcola, 2024; Hussein & Hussein, 2022).

Although expatriate nursing in Saudi Arabia has received increasing scholarly attention, limited qualitative research has focused specifically on Filipino nurses in Makkah and the interaction of cultural adjustment, coping, professional practice, and organizational support. This study addressed that gap by exploring the nurses' experiences and challenges, examining how cultural differences influenced therapeutic relationships and teamwork, identifying the coping strategies they used, and determining the human resource interventions they considered necessary. The resulting evidence was used to formulate a proposed human resource development plan intended to facilitate cultural integration, strengthen workforce well-being, improve communication, and support culturally responsive patient care.

Literature Review

Cultural Adjustment in Saudi Healthcare

Cultural adjustment among expatriate nurses is a multidimensional process involving adaptation to social norms, workplace routines, religious practices, and expectations about professional behavior. In Saudi Arabia, cultural diversity can complicate communication and the organization of care when nurses and patients hold different assumptions regarding privacy, family authority, gender interaction, and acceptable forms of expression (Albougami & Alotaibi, 2020). Zakaria and Yusuf (2023) similarly described cross-cultural adjustment as a demanding process shaped by language learning, homesickness, local gender norms, workplace practices, and the loss of familiar support systems.

The experience of Filipino nurses is influenced by their strong professional identity, relational approach to care, and established history of international mobility. A study of Filipino nurses in Saudi Arabia reported that language differences, norms governing touch and eye contact, and patient expectations required deliberate cultural learning and behavioral adaptation (Galingana et al., 2025). Migration and workforce integration are also shaped by organizational orientation, acceptance within teams, and the availability of supportive relationships that help nurses interpret unfamiliar practices (Ampuan & Bangcola, 2024).

Makkah presents a particularly distinctive environment because religion, healthcare, and the movement of international pilgrims intersect. Nurses must care for culturally diverse patients while observing local Islamic expectations and managing fluctuations in service demand. Cultural safety in Saudi nursing practice depends not only on spoken language but also on sensitivity to silence, gestures, family participation, gender-related concerns,

and culturally meaningful patterns of communication (Albarqi et al., 2026). These conditions support the need for context-specific orientation rather than relying only on general clinical preparation.

Communication, Gender Norms, and Professional Practice

Language barriers are among the most persistent challenges in multicultural healthcare. A systematic review found that limited shared language can interfere with assessment, treatment implementation, patient education, satisfaction, and safety, although trained interpreters and appropriate translation support may reduce these risks (Al Shamsi et al., 2020). Gerchow et al. (2021) likewise found that language barriers increase the communication burden on nurses and may restrict the quality of nurse-patient interaction. For nurses in Makkah, even basic conversational Arabic may therefore have direct practical value in establishing rapport and clarifying routine care.

Gender and modesty expectations also shape clinical practice. Saudi healthcare settings may require carefully managed cross-gender interaction, chaperone use, and particular respect for the preferences of female patients and their families. Banakhar et al. (2021) showed that cultural perceptions of gender influence how male nurses are accepted and how nursing roles are negotiated. Such expectations require expatriate nurses to adapt routine therapeutic approaches without abandoning the values of empathy, dignity, and patient-centered care.

Cultural differences extend into interprofessional teamwork. Filipino nurses may favor polite, relational, and indirect communication, whereas other members of multinational teams may expect more direct reporting and explicit escalation. When workload, mandatory overtime, or hierarchical systems intensify the volume of information, communication can become overwhelming and safety messages may be less effectively processed (Barrett et al., 2023). Cultural competence and effective communication must therefore be developed at both individual and organizational levels, rather than treated solely as the responsibility of the expatriate nurse (Falatah et al., 2022).

Coping, Social Support, and Nurse Retention

Coping involves cognitive, emotional, behavioral, and social responses to demands perceived as stressful. Lazarus and Folkman's (1984) transactional model explains that stress responses depend on how individuals appraise a situation and the resources they believe are available. Subsequent evidence has supported the protective role of personal resources and effective coping in reducing psychological distress (Obbarius et al., 2021). For expatriate nurses, problem-focused strategies may include language learning and seeking practical guidance, while emotion-focused strategies may include prayer, self-care, and emotional support.

Social support is particularly important when nurses are separated from their families and familiar communities. Filipino nurses commonly rely on colleagues, friendship groups, shared cultural practices, and informal mentoring to manage loneliness and workplace uncertainty. Strong social support protects mental health and may reduce turnover intention, while fatigue and stress overload increase the likelihood that nurses will consider leaving their jobs (Xu et al., 2023). Qualitative work on expatriate nurse satisfaction has also identified family separation, communication difficulties, and perceived workplace fairness as important influences on adjustment and retention (Hussein & Hussein, 2022).

Organizational conditions may either strengthen or weaken individual coping. Demanding schedules, limited rest, and prolonged workplace stress are associated with burnout among healthcare professionals (Hatukay et al., 2024; Taranu et al., 2022). Consequently, human resource interventions should combine cultural orientation with mentoring, workload management, mental health support, inclusive policies, and opportunities for professional growth. Such measures acknowledge that resilience is not merely a personal trait but an outcome supported by fair systems, responsive leadership, and psychologically safe workplaces.

Theoretical and Conceptual Foundations

The study was anchored in Oberg's (1960) Culture Shock Theory and Lazarus and Folkman's (1984) Transactional Model of Stress and Coping. Oberg described cultural adjustment as a progression through honeymoon, crisis, recovery, and adjustment. The model helps explain why initial enthusiasm may be followed by frustration, anxiety, and disorientation before greater understanding and functional adaptation develop.

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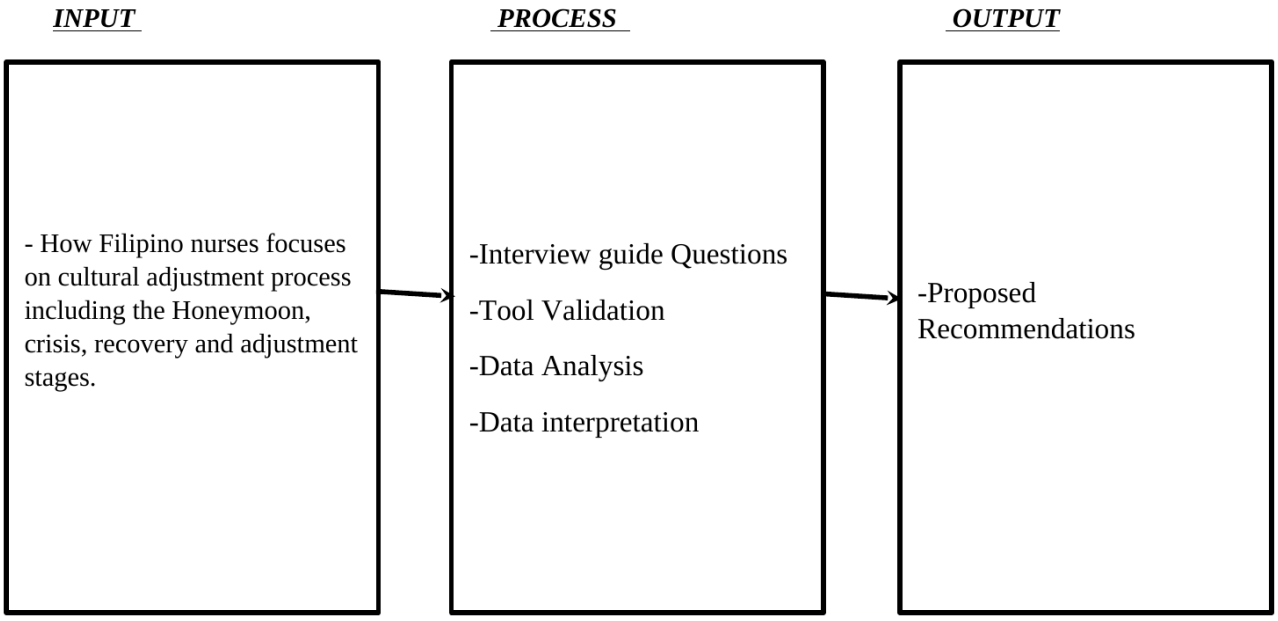
The transactional model complements the culture shock perspective by explaining how individuals appraise cultural and workplace stressors and select coping responses. Filipino nurses may respond through problem-focused coping, such as learning Arabic, asking colleagues for guidance, and modifying clinical routines, or through emotion-focused coping, such as prayer, peer support, and self-care. These responses are influenced by the nurses' personal resources and by the institutional support available to them.

Together, the theories frame cultural adjustment as both a developmental process and an active coping experience. The conceptual framework presents the nurses' adjustment stages as the input, validated interview questions and thematic interpretation as the process, and recommendations for a human resource development plan as the output. The framework therefore connects lived experience with practical organizational interventions.

Figure 1. *Conceptual framework of the study*



METHODS

Research Design

The study employed a qualitative phenomenological research design to describe and interpret the lived experiences of Filipino nurses undergoing cultural adjustment in Makkah hospitals. The design was appropriate because the study focused on how participants understood cultural, religious, linguistic, emotional, and professional experiences rather than on measuring or manipulating variables. The phenomenological approach enabled the researcher to identify shared meanings across individual narratives while retaining the contextual character of each participant's experience.

Research Locale

The study was conducted among Filipino nurses employed in hospitals in Makkah, Saudi Arabia. Makkah is a major urban and religious center whose healthcare institutions serve residents and large numbers of pilgrims, particularly during Ramadan and the Hajj season. The setting was relevant because nurses work within a culturally conservative Islamic environment, interact with multilingual patients, and may encounter substantial variations in workload and patient acuity during pilgrimage periods.

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Participants and Sampling Technique

Ten Filipino registered nurses working in hospitals in Makkah participated in the study. Purposive sampling was used to select information-rich participants who could provide detailed accounts relevant to the research objectives. Eligible participants had at least one year of work experience in a Makkah hospital, could communicate in English, were willing to participate in an in-depth interview, and provided informed consent. Nurses with less than one year of experience or those unwilling or unable to complete the interview were excluded.

Research Instrument

A semi-structured interview guide served as the primary research instrument. Open-ended questions explored the nurses' cultural adjustment experiences, major challenges, influence of cultural differences on patient care and teamwork, coping strategies, available support, and proposed human resource interventions. Probing and follow-up questions were used to clarify responses and obtain deeper descriptions. The interview guide was pilot-tested and reviewed by experienced Filipino nurses and nursing administrators to improve clarity, relevance, cultural appropriateness, and alignment with the study objectives.

Data Gathering Procedure

Institutional permission and ethical approval were obtained before recruitment. Potential participants who met the inclusion criteria received information about the purpose, procedures, voluntary nature, confidentiality protections, and possible risks and benefits of the study. Written informed consent was obtained before the interviews. Semi-structured interviews were conducted in quiet and private settings. With permission, the sessions were audio- or video-recorded; written notes were used when recording was declined. Interviews were transcribed, anonymized, and returned in summarized or transcribed form for member checking. Participants could clarify or revise statements to ensure that their experiences were represented accurately.

Data Analysis

The interview data were analyzed thematically. The researcher first transcribed the interviews verbatim and repeatedly read the transcripts to become familiar with the narratives. Meaningful statements were coded, related codes were grouped, and candidate themes were developed around cultural adjustment, professional relationships, coping, and organizational support. Themes were then reviewed against the original transcripts, refined for internal coherence and distinction, named, and interpreted in relation to the study objectives and theoretical frameworks. Representative participant statements were retained to demonstrate the grounding of the themes in the data.

Trustworthiness

Credibility was supported through in-depth interviewing, member checking, and consultation with knowledgeable reviewers. Dependability was strengthened by maintaining an audit trail of recruitment, interview, coding, and analytic decisions. Confirmability was addressed through reflective journaling and peer debriefing to distinguish participant meanings from researcher assumptions. Transferability was supported by describing the Makkah context, participant criteria, data collection procedures, and thematic findings in sufficient detail for readers to assess their relevance to comparable healthcare settings.

Ethical Consideration

The study observed informed consent, voluntary participation, confidentiality, privacy, beneficence, non-maleficence, and the right to withdraw without penalty. Pseudonyms or respondent codes were used in transcripts and reports. Electronic files were stored in password-protected locations, while printed materials were secured in locked storage accessible only to the researcher. Interviews were scheduled to minimize disruption to clinical duties and were conducted respectfully, with attention to the cultural and religious norms of the participants and the host setting. No deception was used, and participants were debriefed after the interviews.

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RESULTS AND DISCUSSION

Thematic analysis produced four integrated areas of findings: cultural adjustment experiences and challenges; the influence of cultural differences on therapeutic relationships, teamwork, and institutional alignment; coping strategies and adaptive professional practices; and recommended human resource development interventions. The themes represent patterns shared across the ten interviews and are supported by selected participant statements.

Cultural Adjustment Experiences and Challenges

Table 1. *Themes describing cultural adjustment experiences and challenges*

Theme	Core ideas	Interpretive summary
Rigid gender boundaries and modesty norms	Cross-gender interaction; female patient sensitivity; Mahram dynamics; privacy	Nurses, particularly male nurses, had to restructure routine bedside interactions to comply with gender segregation and modesty expectations.
Language and cross-cultural communication barriers	Arabic-only patients; impaired assessment and education; mistrust; safety concerns	Limited shared language restricted history taking, patient teaching, medication explanations, and informed consent.
Professional dislocation, anxiety, and culture shock	Homesickness; fear of errors; isolation; Hajj and Ramadan pressure	Cultural and linguistic constraints temporarily weakened professional confidence and intensified emotional exhaustion.

Participants described early adjustment as a demanding transition from a familiar and comparatively open healthcare environment to a setting governed by explicit religious and social expectations. Gender sensitivity was a prominent concern. Male nurses found it difficult to communicate with and provide direct care to some female patients, while all nurses had to learn how privacy, modesty, family authority, and the presence of a Mahram influenced clinical interaction. One participant recalled that the most difficult early requirement was adapting to 'strict gender interactions and communications' (R2). These experiences are consistent with evidence that gender expectations influence role acceptance and patient preferences in Saudi nursing settings (Banakhar et al., 2021).

Language differences created the most direct threat to clinical efficiency and confidence. Nurses reported difficulty explaining basic information, obtaining complete histories, identifying symptoms accurately, and educating patients who spoke only Arabic. A participant stated that the language gap could force nurses to rely on 'subjective guesswork during assessments' and could increase the risk of medication and informed-consent problems (R10). The finding reflects systematic reviews showing that language barriers can delay treatment, weaken assessment, reduce satisfaction, and compromise safety (Al Shamsi et al., 2020; Gerchow et al., 2021).

The combined effects of cultural distance, communication difficulty, separation from family, and high clinical demand produced anxiety, homesickness, and feelings of professional inadequacy. Participants described moments when competent nurses felt unable to perform routine work confidently because they could not communicate as they did in the Philippines. The pressure was magnified during Hajj and Ramadan, when patient volume and operational demands increased. Persistent stressors of this kind are recognized contributors to burnout and emotional exhaustion among healthcare professionals (Hatukay et al., 2024; Taranu et al., 2022).

Influence on Therapeutic Relationships, Teamwork, and Institutional Alignment

Table 2. *Themes describing the influence of cultural differences on professional practice*

Theme	Core ideas	Interpretive summary
Realignment of therapeutic styles and spatial boundaries	Adapted care style; professional distance; empathy with modesty; local etiquette	Filipino nurses modified warm, expressive care practices to respect privacy and gender boundaries while preserving compassion.
Interprofessional friction and diverse communication styles	Indirect versus assertive reporting; hierarchy; multinational teams; role interpretation	Polite and conflict-avoidant Filipino communication sometimes conflicted with direct reporting and rigid escalation systems.

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Institutional harmony and policy-value conflicts	Patient dignity; religious accommodation; top-down accountability; staffing strain	Policies supported privacy and religious practice, but confrontational accountability and inflexible scheduling challenged Filipino values of harmony.

Filipino nurses described a deliberate realignment of therapeutic communication and bedside behavior. Their natural preference for warm, relational, family-like care had to be balanced with physical distance, chaperone use, and culturally acceptable interaction. Participants did not interpret this adjustment as a rejection of compassionate care; rather, they learned to express concern in forms that protected patient honor and privacy. This capacity to adapt care while respecting the patient's cultural framework is central to culturally congruent nursing practice and supports trust in diverse clinical settings.

Differences in communication style also affected multidisciplinary teamwork. Filipino nurses often used indirect and polite phrasing to avoid conflict and preserve harmony, while some local or Western colleagues expected direct, assertive reporting. Participants indicated that this mismatch could lead to misunderstanding about urgency, authority, and professional roles. Hierarchical escalation processes further limited open discussion when the senior person was expected to make the final decision. Communication overload and rigid organizational demands may compound these difficulties, especially under staffing pressure (Barrett et al., 2023).

Hospital policies generally reinforced patient privacy, professionalism, and respect for religious practices; however, participants identified tension between these formal values and the way policies were implemented. Direct confrontation during error management, unexpected on-call duties, and staffing-related scheduling strain conflicted with Filipino preferences for preserving interpersonal dignity and work-life balance. The finding indicates that cultural inclusion requires more than policy statements. Human resource systems must ensure that accountability, scheduling, communication, and advancement practices are implemented in ways that are fair, understandable, and psychologically safe.

Coping Strategies and Adaptive Professional Practices

Table 3. *Themes describing coping strategies used by Filipino nurses*

Theme	Core ideas	Interpretive summary
Spiritual anchoring and religious practice	Prayer; faith; guidance; hope; emotional relief	Regular spiritual practice helped nurses regulate anxiety, sustain purpose, and remain hopeful.
The Bayanihan effect and expatriate peer support	Emotional sharing; practical help; mentoring; cultural validation	Filipino peer networks reduced isolation and provided advice, shift support, and a sense of belonging.
Adaptive competence and practical Arabic integration	Basic Arabic; interpreters; cultural learning; religiously responsive routines	Nurses actively developed communication and cultural skills to reduce barriers and improve care.

Spirituality was a central source of stability. Muslim participants described the five daily prayers as a structured opportunity to seek guidance, reduce anxiety, and renew their sense of purpose. Participants from other faith traditions likewise used prayer and personal belief to manage emotional pressure. This finding supports the transactional view of coping, in which internal resources influence how stressors are appraised and managed (Lazarus & Folkman, 1984; Obbarius et al., 2021).

Participants also relied on the Bayanihan effect, or the mobilization of close Filipino peer networks for shared problem solving and emotional support. Colleagues provided practical advice, listened to frustrations, helped newcomers understand workplace expectations, and reduced the loneliness caused by family separation. Such support is not merely social; it contributes to mental well-being and may protect against turnover intention under conditions of fatigue and stress overload (Xu et al., 2023).

Adaptive competence developed through repeated exposure and intentional learning. Nurses listened to local speakers, asked colleagues to interpret unfamiliar expressions, learned basic medical Arabic, used available interpreters, and modified clinical routines around prayer and religious practices. These behaviors demonstrate

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the reciprocal relationship between adjustment and coping: greater understanding made daily work more manageable, while successful coping created confidence for further cultural learning. The findings resemble the strategies described among Filipino nurses in Saudi Arabia, including peer support, rapport building, language learning, and cultural immersion (Galingana et al., 2025).

Human Resource Development Priorities

Participants emphasized that individual resilience should be matched by structured organizational support. They recommended medical Arabic instruction, cultural induction, preceptor-led mentoring, cross-cultural communication workshops, mental health and wellness services, balanced scheduling, team-building, inclusive diversity policies, and periodic evaluation. These proposals were consolidated into the human resource development plan presented in Table 4. The plan is intended as a practical basis for hospital adaptation and should be refined according to institutional resources, policy requirements, and workforce needs.

Table 4. *Proposed human resource development plan for Filipino nurses in Makkah hospitals*

Development area	Objective	Activities/interventions	Responsible office	Timeline	Expected outcome
Cultural orientation program	Improve knowledge of Saudi culture and Islamic values	Orientation on Saudi cultural norms, modesty, family roles, and religious practices	Nursing Education	First month	Faster cultural adjustment and improved confidence
Medical Arabic workshop	Strengthen rapport and clinical communication	Basic conversational and medical Arabic workshops with common ward scenarios	Nursing Education	Quarterly	Improved patient-staff communication and safer information exchange
Preceptor and coaching program	Support newly hired Filipino nurses	Pair newly hired nurses with experienced nurses for structured guidance	Nurse Manager	First 6 months	Reduced anxiety and improved integration into patient care
Cross-cultural communication workshop	Improve teamwork in diverse settings	Training on communication styles, cultural sensitivity, assertive reporting, and conflict management	Human Resources and Staff Relations	Twice yearly	Stronger teamwork and clearer interprofessional communication
Mental health and wellness program	Reduce stress, homesickness, and burnout	Counseling, peer support groups, and stress-management activities	Staff Wellness	Ongoing	Improved psychological well-being and coping
Spiritual and social support	Strengthen resilience and belonging	Access to prayer spaces, cultural activities, and team-building initiatives	Hospital Administration	Ongoing	Improved emotional support, connection, and work satisfaction
Policy improvement	Promote a culturally sensitive workplace	Inclusive diversity policies, equal opportunities, fair scheduling, and culturally responsive standards	Human Resources Department	Annual review	More inclusive and equitable workplace practices
Program evaluation	Monitor effectiveness	Focus-group discussions, staff feedback, retention	Quality Department	Every 6 months	Evidence-based refinement and

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	and guide improvement	review, and patient satisfaction review	continuous improvement

The plan addresses the major adjustment barriers identified in the interviews. Cultural and language orientation responds directly to gender, modesty, and communication difficulties; preceptorship and peer support address professional dislocation; and wellness initiatives respond to homesickness, stress, and seasonal workload. Inclusive policies and regular evaluation move the response from temporary orientation toward sustained workforce development. This direction is consistent with evidence that workplace fairness, support, cultural competence, and social resources influence expatriate nurse satisfaction, adaptation, and retention (Falatah et al., 2022; Hussein & Hussein, 2022; Xu et al., 2023).

CONCLUSION

Filipino nurses working in Makkah hospitals experienced cultural adjustment as a complex transition involving gender and modesty requirements, language barriers, unfamiliar communication patterns, professional anxiety, homesickness, and the pressure of high-demand pilgrimage periods. These challenges influenced therapeutic relationships, teamwork, and alignment with institutional policies. Nevertheless, the nurses demonstrated adaptability by modifying their care practices, developing basic Arabic communication, learning local religious and cultural expectations, relying on peer networks, and drawing strength from spiritual practice.

The findings indicate that professional competence alone does not ensure successful expatriate adjustment. Sustainable integration requires organizational systems that recognize cultural, linguistic, psychological, and social needs. The proposed human resource development plan translates the participants' experiences into structured interventions involving orientation, language training, preceptorship, cross-cultural communication, wellness support, inclusive policies, and evaluation. The study contributes context-specific evidence for strengthening nurse retention, workforce well-being, culturally sensitive care, and institutional responsiveness in Makkah's multicultural healthcare environment.

Recommendation

Hospital administrators and nursing leaders should institutionalize a structured cultural and medical Arabic induction program for newly hired expatriate nurses. Orientation should address modesty, gender-sensitive care, Mahram and family participation, patient privacy, communication expectations, and operational preparedness for Ramadan and Hajj. New nurses should receive supervised opportunities to practice these skills through realistic clinical scenarios.

Human resource and nursing education units should establish formal preceptorship, coaching, and cross-cultural communication programs. Experienced nurses should guide newcomers during the first six months, while workshops should strengthen assertive reporting, conflict management, culturally safe communication, and collaboration in multinational teams. Advancement, performance review, and scheduling policies should be transparent, equitable, and sensitive to workforce diversity.

Staff wellness committees should provide accessible counseling, peer support groups, balanced scheduling, prayer and reflection spaces, and regular social or team-building activities. These measures should be integrated into normal workforce management rather than offered only during crises. Hospitals should evaluate the program every six months using staff feedback, adjustment experiences, retention indicators, communication-related concerns, and patient satisfaction information.

Future research should include longitudinal and mixed-methods studies that follow expatriate nurses across different stages of adjustment and examine how organizational interventions influence retention, well-being, communication, and patient care. Comparative research may also explore the experiences of male and female nurses, Muslim and non-Muslim Filipino nurses, and nurses working in other Saudi regions or hospital levels.

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