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The Meaning of Experiences for New Migrant Nurses

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ABSTRACT

This hermeneutic phenomenological study interpreted the meaning of the experiences of new migrant Filipino nurses working abroad and used the findings as the basis for a proposed intervention program. Fifteen Filipino nurses who had been working abroad for three years or less were purposively selected from hospitals, community hospitals, and nursing homes across Europe, North America, the Middle East, Asia, and Oceania. Data were gathered through validated semi-structured in-depth interviews conducted primarily through Zoom and voice-messaging platforms. Interview transcripts were organized in NVivo and analyzed through familiarization, open coding, axial coding, and selective coding, with interpretation guided by Max van Manen's five lifeworld existentials: lived body, lived space, lived time, lived human relations, and lived materiality. Five essential themes emerged: Bearing, Adapting, and Becoming in the Lived Body; Dwelling Between Distance, Structure, and Belonging; Becoming Better Through Time: Struggle, Growth, and Transformation; Connecting, Enduring, and Becoming in the Lived Human Relations; and Working, Adapting, and Becoming Through Material Systems. Across these themes, migration was experienced as a continuous process of physical and emotional endurance, spatial displacement and belonging, gradual competence development, relational negotiation, and adaptation to technologies, protocols, and care systems. The findings indicate that becoming a migrant nurse extends beyond professional relocation and involves identity reconstruction, resilience, ethical growth, and increasing confidence in global healthcare settings. These insights informed the 12-month KALINGA-ABROAD Program, a nurse-centred support framework addressing embodied well-being, community integration, structured mentorship, relational safety, technological readiness, and continuity of support.

Keywords: *migrant nurses, Filipino nurses, hermeneutic phenomenology, lived experience, nursing migration, professional adaptation*

INTRODUCTION

International nurse migration has become a structural feature of contemporary healthcare systems. Persistent staffing shortages and unequal global distribution of health professionals have encouraged destination countries to recruit nurses internationally, while nurses from source countries pursue improved compensation, professional mobility, safer working conditions, and expanded career opportunities. This global movement, however, raises simultaneous concerns about workforce sustainability, ethical recruitment, and the personal consequences of relocation for nurses themselves (Stilwell et al., 2003; Simoens et al., 2005; Kingma, 2007).

Filipino nurses occupy a prominent position in this global workforce. Their migration is shaped by professional aspirations, family responsibilities, economic considerations, and longstanding national patterns of overseas employment. Yet migration involves more than crossing national borders. Newly deployed nurses must learn unfamiliar clinical protocols, technologies, organizational expectations, communication styles, and cultural norms while maintaining safe practice and reconstructing a sense of professional belonging. Such transitions may

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generate uncertainty, social isolation, perceived marginalization, and pressure to demonstrate competence (Choi et al., 2013; Liu & McHugh, 2015; Buchan et al., 2019).

The early migration period is particularly consequential because adaptation occurs at several levels at once. Nurses encounter new physical environments, different patient-care expectations, multilingual or multicultural teams, unfamiliar technologies, and altered family and social relationships. Cultural competence and culturally safe practice therefore matter not only for patients but also for migrant nurses who must integrate prior professional values with host-country expectations (Campinha-Bacote, 2002; Leininger, 2002; Kleinman & Benson, 2006; Papps & Ramsden, 1996).

Existing studies have generated important knowledge about integration, discrimination, mentorship, job satisfaction, and retention, yet much of this literature is organized around discrete outcomes rather than the lived meaning of early migration. A meaning-centred inquiry is needed to understand how new Filipino migrant nurses experience their bodies, spaces, time, relationships, and material systems while becoming professionals in unfamiliar healthcare contexts. Guided by van Manen's hermeneutic phenomenology and complemented by cultural adaptation, social identity, transcultural nursing, and marginality perspectives, this study interpreted the meaning of the experiences of new migrant nurses working abroad and translated those meanings into a structured intervention program.

Literature Review

Global Nurse Migration and the Filipino Nursing Workforce

International nurse migration reflects global imbalances in health-workforce supply and demand. Source countries may experience the loss of trained professionals, while destination countries rely on migration to stabilize staffing and maintain service capacity. Stilwell et al. (2003) emphasized the ethical policy implications of health-worker migration, and Simoens et al. (2005) described nurse shortages across OECD countries as a persistent workforce challenge.

Migration can also represent professional opportunity. Kingma (2007) described nurses as an increasingly mobile professional group, while Anderson (2014) emphasized the importance of integration into both the workforce and the host healthcare system. For Filipino nurses, migration therefore exists at the intersection of personal aspiration, economic mobility, professional development, and broader global-health inequities.

The migration process is also shaped by recruitment systems, credentialing expectations, and organizational structures. Buchan et al. (2019) argued that nurse shortages require more than recruitment alone, while Choi (2014) showed that professional identity may be renegotiated when foreign-trained nurses enter new systems. These dynamics make early transition a meaningful period for understanding how nurses reconstruct competence and belonging.

Cultural Adaptation, Identity, and Marginality

Cultural adaptation is an ongoing process through which migrants learn to communicate, participate, and function within unfamiliar environments. Kim (2001) conceptualized adaptation as dynamic rather than linear, involving stress, communication, and identity negotiation. For nurses, this process is intensified because cultural adjustment occurs simultaneously with high-stakes clinical practice.

Social identity further shapes the migration experience. Tajfel and Turner (1986) explain that group membership influences self-concept, belonging, and perceptions of in-group and out-group status. Haslberger and Dick (2016) similarly describe identity processes in international mobility. Migrant nurses may therefore negotiate their identities as Filipinos, migrants, professionals, and members of multicultural teams.

Marginality and cultural difference can produce both vulnerability and transformation. Experiences of exclusion, questioning of competence, or limited recognition may undermine confidence, while successful participation in new environments can expand professional identity. Choi et al. (2013), Liu and McHugh (2015),

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and Speroni et al. (2014) describe language, workplace culture, and social integration as central features of migrant nurses' adjustment.

Transcultural Nursing, Cultural Safety, and Ethical Practice

Transcultural Nursing Theory emphasizes care that is culturally congruent and responsive to patients' values and lifeways (Leininger, 2002). Campinha-Bacote (2002) likewise frames cultural competence as an ongoing process rather than a completed skill. These ideas are especially relevant to migrant nurses, who provide care across cultural difference while also undergoing their own adaptation.

Scholars caution, however, that cultural competence should not become a checklist that reduces individuals to generalized cultural traits. Kleinman and Benson (2006) advocate an ethnographic orientation to patient experience, while Kirmayer (2012) emphasizes critical reflection and contextual understanding. Papps and Ramsden (1996) further foreground cultural safety, power relationships, respect, and the patient's right to define whether care is experienced as safe.

For qualitative migration research, ethical representation is equally important. Guta et al. (2013) highlight the complexity of research ethics in lived-experience studies, and Denzin and Lincoln (2011) emphasize careful interpretation of participant narratives. These perspectives support a study design that treats migrant nurses as meaning-making participants rather than as a set of workforce deficits.

Mentorship, Support, and Professional Integration

Supportive relationships can facilitate adjustment and strengthen professional confidence. Sirois and Genova (2018) identify mentorship as an important mechanism in the transition of international nurses, while Goh et al. (2017) demonstrate that identity negotiation occurs through lived relationships in the host environment. Mentors, peers, and inclusive leaders can help new nurses understand organizational expectations and interpret unfamiliar professional situations.

Conversely, weak social support may intensify stress, isolation, and dissatisfaction. Speroni et al. (2014) documented the challenges of cultural diversity for migrant nurses, and Liu and McHugh (2015) identified barriers experienced by migrants in the healthcare workforce. Organizational responses therefore need to address not only technical orientation but also relational inclusion and opportunities for professional recognition.

Inclusive support also contributes to workforce stability. Buchan et al. (2019) argue that retention requires systemic approaches rather than recruitment alone. When migrant nurses receive structured guidance, transparent expectations, and pathways for development, early difficulties can become opportunities for learning rather than triggers for disengagement.

Hermeneutic Phenomenology and the Five Lifeworlds

Hermeneutic phenomenology focuses on interpreting lived experience as it is encountered and given meaning in everyday life. Van Manen (2014) emphasizes phenomenology of practice as a reflective inquiry into experience rather than an attempt to reduce human life to abstract variables. This orientation is appropriate for migration because becoming a nurse abroad is experienced through the body, places, time, relationships, and material surroundings.

The study used five lifeworld dimensions: lived body, lived space, lived time, lived human relations, and lived materiality. These dimensions provided an interpretive structure without separating the experience into unrelated parts. Physical strain, unfamiliar space, temporal adjustment, relational encounters, and technologies were understood as interdependent dimensions of migration.

Rigorous qualitative interpretation requires transparency and reflexivity. Lincoln and Guba (1985) established credibility, dependability, confirmability, and transferability as central trustworthiness concerns, while Shenton (2004) detailed practical strategies for strengthening qualitative research. Finlay (2002) further emphasizes reflexivity as a means of examining how the researcher's position shapes interpretation.

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Conceptual Framework

The study integrated four theoretical lenses—Cultural Adaptation Theory, Social Identity Theory, Transcultural Nursing Theory, and Marginality Theory—with van Manen's hermeneutic-phenomenological lifeworlds. These perspectives contextualized how new migrant Filipino nurses adapt culturally, negotiate identity, provide culturally responsive care, and experience forms of belonging or marginality.

The source manuscript did not present a separate standalone conceptual-framework figure. Figure 1 therefore visualizes only the relationships explicitly described in the manuscript: the theoretical lenses frame the phenomenon of new migrant Filipino nurses working abroad; the phenomenon is interpreted through the five lifeworlds; and the resulting meaning informs the KALINGA-ABROAD intervention program.

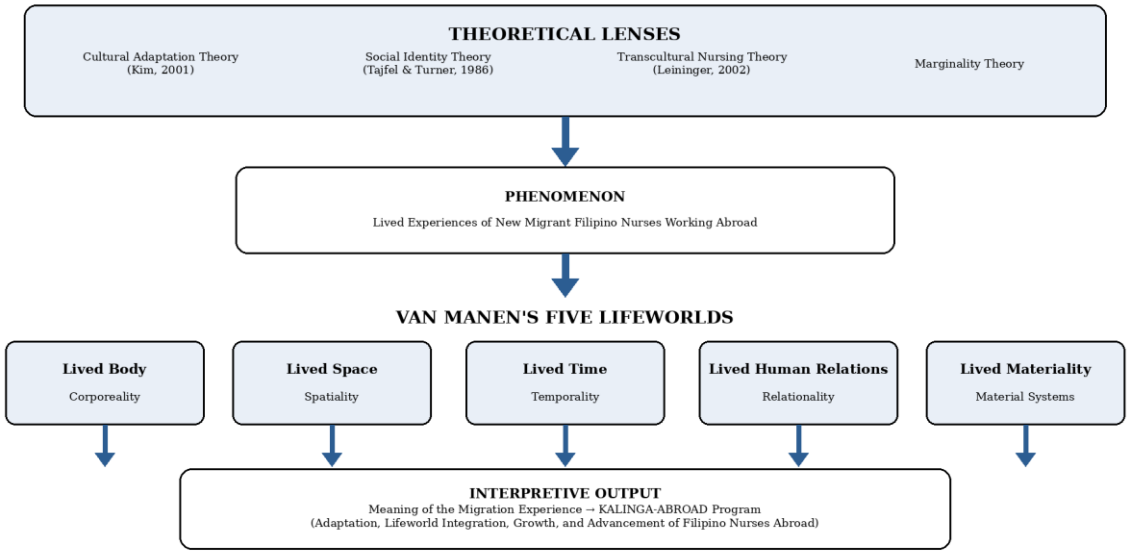

Figure 1. *Source-Derived Conceptual Framework of the Study*

METHODS

Research Design

The study employed a qualitative hermeneutic-phenomenological design anchored in Max van Manen's philosophical work. The design sought to interpret rather than merely describe the experiences of new migrant Filipino nurses, focusing on how participants constructed meaning from personal, cultural, and professional transitions while working abroad.

The inquiry was organized around van Manen's lifeworld existentials and was complemented by interpretive attention to adaptation, identity, cultural competence, and marginality. This approach enabled the analysis to move from participant narratives and meaning units toward subthemes and essential themes.

Research Locale

The research environment was transnational. Participants were Filipino nurses working in hospitals, community hospitals, and nursing homes across Europe, North America, the Middle East, Asia, and Oceania. Countries represented included the Netherlands, Ireland, Switzerland, the United Kingdom, Germany, the United States, Canada, Dubai, Saudi Arabia, Qatar, the United Arab Emirates, Singapore, and New Zealand. Areas of practice included medical-surgical nursing, operating theatre nursing, isolation units, renal dialysis, pediatric nursing, and medical units.

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Participants and Sampling Technique

Fifteen Filipino migrant nurses participated. Purposive sampling was used because phenomenological inquiry required participants who had directly experienced the phenomenon. Inclusion criteria were: Filipino nurse working abroad; currently practicing nursing in a hospital, community hospital, or nursing home; working abroad for three years or less; able to speak and understand English; and willing to provide informed consent.

Potential participants were identified through the researcher's professional and personal networks and contacted through Messenger, Instagram, and WhatsApp. Recruitment continued until data saturation, defined in the source study as the point at which interviews yielded no new themes or significant insights.

Research Instrument

Data were gathered through a semi-structured interview guide designed to elicit reflective narratives while allowing follow-up questions. The instrument included general experience-oriented questions, prompts corresponding to van Manen's lifeworld existentials, and questions focused on reflection and meaning-making.

The guide was validated by three qualitative-research experts with backgrounds in nursing education, phenomenology, and qualitative methodology. Revisions addressed question clarity, sequencing, methodological congruence, avoidance of leading language, and alignment with the phenomenological framework.

Data Gathering Procedure

Interviews were conducted primarily through Zoom video calls, with voice messaging used when necessary because of geography, time-zone differences, and participant availability. Before each interview, the researcher explained the study, reconfirmed consent, obtained permission to record, and reiterated the participant's right to withdraw without penalty.

The researcher established rapport, used active listening, monitored verbal and non-verbal cues, and allowed participants to narrate experiences at their own pace. Because topics included discrimination, culture shock, emotional labour, and separation from family, a trauma-informed approach was used, including emotional checkpoints, the option to pause or stop, and post-interview debriefing.

Data Analysis

Interview transcripts were managed with NVivo. Analysis began with repeated reading for familiarization, followed by open coding of significant statements and meaning units. Axial coding clustered related codes into categories and subthemes, and selective coding integrated these patterns into overarching essential themes.

Interpretation was guided by the five lifeworlds—lived body, lived space, lived time, lived human relations, and lived materiality. The analytic movement from free nodes to subthemes and essential themes provided an audit trail linking the participants' narratives to the final phenomenological interpretation.

Trustworthiness and Reflexivity

Credibility, dependability, confirmability, and transferability were addressed in accordance with qualitative trustworthiness principles (Lincoln & Guba, 1985; Shenton, 2004). The source manuscript described transcript-grounded interpretation, direct quotations, analytic documentation, rich contextual description, and repeated checking of emerging interpretations against the original narratives.

Reflexivity was maintained through a reflexive journal in which assumptions, emotional responses, and evolving interpretations were documented. Rather than claiming the elimination of pre-understanding, the researcher critically examined how her nursing and academic background could shape interpretation, consistent with hermeneutic phenomenology (Finlay, 2002; van Manen, 2014).

Ethical Consideration

Participation was voluntary and informed consent was obtained before data collection. Participants were briefed on interview procedures, estimated duration, confidentiality protections, recording, and the right to

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withdraw. Coded identifiers replaced names, identifiable details were removed during transcription, and access to raw data was restricted.

Special attention was given to possible power relationships because some participants were known to the researcher. Participants were explicitly told that refusal or withdrawal would not affect personal or professional relationships. Emotional safety was also addressed through trauma-informed interviewing and post-interview support.

RESULTS AND DISCUSSION

Participant Context

The 15 participants included both male and female Filipino nurses who had recently entered diverse healthcare systems. Their current practice settings included medical-surgical units, operating theatres, isolation units, renal dialysis, pediatric nursing, and general medical units. They were working across Europe, North America, the Middle East, Asia, and Oceania. Their migration motivations included professional growth, financial stability, exposure to advanced technologies, improved working conditions, and support for family members in the Philippines.

Table 1. *Contextual Profile of the Participants*

Context	Source-Reported Coverage
Number of participants	15 Filipino migrant nurses
Migration stage	Generally, within three years of working abroad
Regions represented	Europe, North America, Middle East, Asia, Oceania
Practice areas	Medical-surgical, operating theatre, isolation, renal dialysis, pediatric, medical units
Common motivations	Professional growth, financial stability, advanced technology, improved working conditions, family support

Essential Theme 1: Bearing, Adapting, and Becoming in the Lived Body

The lived body emerged as the first site where migration was felt. Participants described exhaustion, physically demanding work, anxiety, emotional stress, loneliness, cultural shock, mental fatigue, and bodily adjustment to new climates and work routines. These experiences formed the subtheme The Burdened Body: Endurance, Strain, and Emotional Weight. The body was therefore not simply a biological presence but the medium through which migration, labour, and emotional separation were encountered.

Over time, participants described bodily adaptation, discipline, survival, coping with missing family, managing emotional longing, and developing resilience. These experiences formed The Adaptive Body and The Becoming Body subthemes, indicating movement from strain toward self-awareness and professional pride. The finding is consistent with a phenomenology of practice in which experience is embodied rather than detached from the person (van Manen, 2014).

Essential Theme 2: Dwelling Between Distance, Structure, and Belonging

Lived space initially appeared as displacement. Separation from home and entry into unfamiliar countries produced a sense of distance and unfamiliarity, captured in the subtheme Displaced Space. Hospitals and new living environments were not immediately experienced as home; they became meaningful only through repeated engagement.

Institutional order gradually changed this experience. Participants encountered regulated spaces defined by hospital environments, privacy expectations, boundaries, efficiency, and strict workplace structures. Multicultural interaction and supportive colleagues eventually transformed space into Relational Space, where connection and belonging could emerge. This finding supports the importance of organizations creating environments that facilitate integration rather than expecting belonging to occur automatically (Anderson, 2014; Goh et al., 2017).

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Essential Theme 3: Becoming Better Through Time: Struggle, Growth, and Transformation

Participants' lived time was marked by disruption between expectation and reality. Several had expected migration to be easier, but the early period felt overwhelming. Adjustment was gradual rather than immediate, and belonging developed through repetition, endurance, and accumulation of experience. This temporal pattern was reflected in the subthemes Disrupted Time and Gradual Time.

As participants learned protocols, developed skills, and became competent, time became formative and future-oriented. Career growth, leadership opportunities, financial gains, future plans, lifelong learning, and movement beyond the comfort zone contributed to Transformative Time. Migration was therefore interpreted not as a single transition point but as a longitudinal process in which struggle was gradually reframed as growth.

Essential Theme 4: Connecting, Enduring, and Becoming in the Lived Human Relations

Relationships were initially negotiated across cultural differences, language barriers, accents, communication styles, workplace expectations, and social norms. These experiences generated Relating Across Difference, where distance and adjustment had to be actively managed. Patient relationships sometimes required gestures, careful listening, and clarification when language was limited, yet these interactions also reinforced empathy and patient-centred professional presence.

Supportive colleagues, multicultural teamwork, recognition, and appreciation strengthened relational safety and confidence. At the same time, participants reported tensions such as bullying by fellow Filipinos, strict expectations, and the need to respect diverse faiths and cultures. The finding demonstrates that migrant-nurse adaptation is deeply relational: mentorship, inclusion, and intercultural communication can support integration, while exclusion and discrimination can undermine it (Sirois & Genova, 2018; Speroni et al., 2014; Liu & McHugh, 2015).

Essential Theme 5: Working, Adapting, and Becoming Through Material Systems

Material systems actively shaped how participants practiced nursing. Advanced medical equipment, electronic charting, automated dispensing systems, reduced paperwork, and streamlined care were experienced as technologies that could enhance precision, safety, and efficiency. Learning these systems, however, required adaptation and new forms of competence.

Protocols, policies, hierarchy, workflow, and system design likewise structured professional judgment. Participants described organized care and faster workflows but also additional physical responsibilities in settings where family caregivers did not assist with activities of daily living. Materiality therefore shaped not only task performance but also workload, confidence, and identity, showing that technologies and institutional arrangements are experienced as part of becoming a nurse abroad.

Table 2. *Essential Themes and Principal Subthemes*

Lifeworld	Essential Theme	Principal Subthemes
Lived Body	Bearing, Adapting, and Becoming in the Lived Body	Burdened Body; Adaptive Body; Becoming Body
Lived Space	Dwelling Between Distance, Structure, and Belonging	Displaced Space; Regulated Space; Relational Space
Lived Time	Becoming Better Through Time: Struggle, Growth, and Transformation	Disrupted Time; Gradual Time; Formative Time; Future-Oriented Time; Transformative Time
Lived Human Relations	Connecting, Enduring, and Becoming in the Lived Human Relations	Relating Across Difference; Therapeutic Relating; Shared Survival; Affirmed Relating; Ethical Relating
Lived Materiality	Working, Adapting, and Becoming Through Material Systems	Technological Presence; Digital Mediation; Institutional Order; Systemic Design

Integrated Meaning of the Migration Experience

Across the five lifeworlds, the experience of new migrant Filipino nurses was interpreted as a process of working, enduring, adapting, and becoming. Physical strain, displacement, disrupted expectations, relational

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negotiation, and technological adjustment were interconnected rather than separate challenges. Through repeated participation in new healthcare environments, participants reconstructed competence, belonging, identity, and future orientation.

This integrated meaning also clarifies why technical orientation alone is insufficient. Cultural adaptation, social identity, culturally responsive care, and experiences of marginality intersect during early migration (Kim, 2001; Tajfel & Turner, 1986; Leininger, 2002). Support must therefore be longitudinal, relational, and system-based, not limited to compliance tasks at deployment.

KALINGA-ABROAD Intervention Program

The findings were translated into the KALINGA-ABROAD Program—Kalinga para sa Adaptation, Lifeworld Integration, Growth, and Advancement of Filipino Nurses Abroad. The program was designed as a 12-month support framework covering an early transition phase of 0-6 months and a consolidation phase of 7-12 months. Its target beneficiaries are newly deployed Filipino nurses during their first year abroad, with nurse mentors, healthcare teams, and employers as secondary beneficiaries.

Table 3. *Condensed KALINGA-ABROAD Program Framework*

Lifeworld / Area	Program Component	Core Interventions	Annual Budget
Lived Body	Embodied Well-Being and Mental Health Support	Psychological first aid; stress and resilience workshops; ergonomics and fatigue training; culturally sensitive mental-health support	₱467,600
Lived Space	Community and Environmental Integration Support	Extended hospital/community orientation; housing, transport, and local-culture guidance; Filipino nurse support circles	₱321,475
Lived Time	Structured Transition and Mentorship Program	6–12-month mentorship; staged competency development; protected learning/reflection time; career planning	₱379,925
Lived Human Relations	Relational Safety and Ethical Practice Support	Intercultural communication; unconscious-bias training; peer buddy systems; anti-bullying/mediation; recognition systems	₱263,025
Lived Materiality	Systems Navigation and Technology Readiness Support	EHR/equipment training; simulation-based protocol learning; workload and ADL-management strategies	₱409,150
Integrated Lifeworld Support	Monitoring, Evaluation, and Continuity Support	Check-ins at 1, 3, 6, and 12 months; referral pathways; program evaluation	₱175,350
Cross-Cutting	Program Administration and Logistics	Coordination; communication; materials; documentation	₱233,800
Total	—	Estimated cost per nurse for 50 participants: ₱45,006.50 per year	₱2,250,325

CONCLUSION

The experiences of new migrant Filipino nurses working abroad extend beyond occupational relocation and constitute a profound process of becoming. Through the lived body, migration is experienced as exhaustion, emotional strain, discipline, adaptation, and increasing resilience. Through lived space, displacement and unfamiliarity gradually give way to structured participation and relational belonging.

Lived time reveals that competence and belonging develop longitudinally: early expectations are disrupted, adjustment proceeds slowly, and repeated encounters become sources of learning, aspiration, and professional maturation. Lived human relations demonstrate the duality of cultural and linguistic distance alongside empathy, teamwork, recognition, and ethical growth. Lived materiality shows that technologies, protocols, workflows, and care systems actively mediate confidence, workload, safety, and professional identity.

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Taken together, the findings show that migration is a continuous journey of working, enduring, adapting, and growing. New migrant nurses do not simply transfer an existing professional identity to another country; they reconstruct that identity through embodied, spatial, temporal, relational, and material experience. The KALINGA-ABROAD Program translates this meaning into a structured first-year support framework that recognizes the need for well-being, belonging, mentorship, relational safety, system navigation, and continuity of support.

Recommendation

1. Healthcare institutions employing new migrant Filipino nurses should integrate psychological first aid, stress management, fatigue awareness, ergonomic training, wellness check-ins, and culturally sensitive mental-health support into onboarding and early-transition programs.
2. Orientation should extend beyond hospital procedures to include housing, transportation, community resources, local cultural norms, and structured opportunities for peer connection so that environmental unfamiliarity can gradually develop into safety and belonging.
3. Organizations should replace brief orientation-only models with formal mentorship lasting at least six months, supported by staged competency development, protected learning and reflection time, and realistic performance expectations during early transition.
4. Healthcare institutions should strengthen relational safety through intercultural communication and unconscious-bias training, peer buddy systems, transparent feedback, and clear mechanisms for preventing and addressing bullying or discrimination, including conflict involving fellow nationals.
5. New migrant nurses should receive extensive hands-on preparation in electronic health records, medical technologies, local protocols, documentation, escalation pathways, and workload expectations, with sufficient staffing and support for expanded bedside responsibilities.
6. Philippine nursing organizations, the Department of Migrant Workers, healthcare institutions, and academic institutions should consider collaborative implementation and evaluation of the KALINGA-ABROAD Program across the first 12 months of overseas practice.
7. Future research should examine the transferability of these lifeworld meanings across destination countries and specialties and may evaluate the KALINGA-ABROAD Program using longitudinal, implementation, or mixed-methods designs.

References

Anderson, C. (2014). Migrant nurses: Integration into the workforce and the healthcare system. Journal of Nursing Management, 22(7), 845–853. https://doi.org/10.1111/jonm.12239

Buchan, J., Duffield, C., & Jordan, A. (2019). Solving the nurse shortage: Do we need a new approach? International Nursing Review, 66(2), 142–147. https://doi.org/10.1111/inr.12535

Campinha-Bacote, J. (2002). The process of cultural competence in the delivery of healthcare services: A model of care. Journal of Transcultural Nursing, 13(3), 181–184.

Choi, S. (2014). Migrant nurses in the United States: A qualitative study of their professional identity. Journal of Nursing Scholarship, 46(3), 201–209. https://doi.org/10.1111/jnu.12088

Choi, S., Kim, S., & Lee, M. (2013). Challenges faced by foreign-trained nurses in a multicultural healthcare environment. Journal of Nursing Education and Practice, 3(5), 103–110. https://doi.org/10.5430/jnep.v3n5p103

Denzin, N. K., & Lincoln, Y. S. (Eds.). (2011). The SAGE handbook of qualitative research (4th ed.). SAGE Publications.

Finlay, L. (2002). Negotiating the swamp: The opportunity and challenge of reflexivity in research practice. Qualitative Research, 2(2), 209–230. https://doi.org/10.1177/146879410200200205

Goh, M., Lee, W., & Tan, C. (2017). Identity negotiation of international nurses: A qualitative study of their lived experiences. Nursing Inquiry, 24(1), Article e12168. https://doi.org/10.1111/nin.12168

Guta, A., Nixon, S., & Wilson, M. (2013). Resisting the seduction of "ethics creep": Using Foucault to surface complexity and contradiction in research ethics review. Social Science & Medicine, 98, 301–310.

Haslberger, A., & Dick, R. (2016). Social identity theory and international mobility: The identity processes of international workers and migrants. In C. L. Cooper & S. Cartwright (Eds.), The international handbook of work and health psychology (pp. 433–451). Wiley-Blackwell.

Kim, Y. Y. (2001). Becoming intercultural: An integrative theory of communication and cross-cultural adaptation. SAGE Publications.
Kingma, M. (2007). Nurses on the move: A global overview of the migration of nurses. Health Services Research, 42(3), 1050–1062. https://doi.org/10.1111/j.1475-6773.2007.00710.x
Kirmayer, L. J. (2012). Rethinking cultural competence. Transcultural Psychiatry, 49(2), 149–164.
Kleinman, A., & Benson, P. (2006). Anthropology in the clinic: The problem of cultural competency and how to fix it. PLoS Medicine, 3(10), e294.
Leininger, M. (2002). Transcultural nursing: Concepts, theories, research, and practice (3rd ed.). McGraw-Hill.
Lincoln, Y. S., & Guba, E. G. (1985). Naturalistic inquiry. SAGE Publications.
Liu, J. L., & McHugh, M. (2015). Migrants in the healthcare workforce: Barriers and solutions. International Nursing Review, 62(1), 39–46. https://doi.org/10.1111/inr.12141
Papps, E., & Ramsden, I. (1996). Cultural safety in nursing: The New Zealand experience. International Journal for Quality in Health Care, 8(5), 491–497.
Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. Education for Information, 22(2), 63–75. https://doi.org/10.3233/EFI-2004-22201
Simoens, S., Villeneuve, M., & Hurst, J. (2005). Tackling nurse shortages in OECD countries. OECD.
Sirois, F. M., & Genova, C. M. (2018). Mentorship and the transition of international nurses. Journal of Clinical Nursing, 27(1–2), 45–55. https://doi.org/10.1111/jocn.13890
Speroni, K. G., Fitch, T., Dawson, E., & Dugan, M. (2014). Cultural diversity and migrant nurses' experiences. Journal of Immigrant and Minority Health, 16(4), 781–788. https://doi.org/10.1007/s10903-013-9915-7
Stilwell, B., Diallo, K., Zurn, P., Dal Poz, M. R., Adams, O., & Buchan, J. (2003). Ethical policies on the migration of health workers. Human Resources for Health, 1, Article 8.
Tajfel, H., & Turner, J. C. (1986). Social identity theory of intergroup behavior. In W. G. Austin & S. Worchel (Eds.), Psychology of intergroup relations (pp. 7–24). Nelson-Hall.
van Manen, M. (2014). Phenomenology of practice: Meaning-giving methods in phenomenological research and writing. Routledge. https://doi.org/10.4324/9781003228073