

# Navigating New Frontiers: An Exploration of the Experiences of Filipino Travel Nurses on Clinical Assignments in Germany

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## ABSTRACT

Global nurse shortages have led to significant levels of international nurse migration and Filipinos remain a large group of nurses that contribute to foreign health systems. Germany is intensifying its foreign recruitment as it faces population decline, work force gaps and growing demands for long term care. PURPOSE: This research focused on the experience of 30 Filipino travel nurses working in various clinical areas within German hospitals (adjustment and challenge, professional strength, coping strategy, policy implication). METHOD: Qualitative phenomenology with a descriptive statistical approach. Data collection included a demographic survey, an

adjustment/integration survey and semi-structured interviews. Demographic data were reported as means/percentages from the surveys. Interview responses were analyzed by applying Braun & Clarke's thematic analysis. RESULTS: The majority of participants were females ages 26 – 49 years old (mean = 34.2) and worked primarily in ICU, Geriatric, O.R., Dialysis, and Med-Surgical Station. Participants identified their top five rated challenges as: (1) speaking German professionally; (2) understanding documentation requirements; (3) communicating across cultures; (4) having professional recognition processes; and (5) being treated unfairly. Five themes emerged from the interviews: (a) crossing the language-clinical safety bridge; (b) building and rebuilding professional identity within a regulatory environment; (c) utilizing resiliency through Filipino values/peer support; (d) establishing sense of belonging among multicultural teams; and (e) turning immigration into a professional opportunity. DISCUSSION: Clinical skills are necessary but are not sufficient to promote successful integration. Language proficiency, mentoring, psychological safety, culturally competent leaders, and equitable pathways to recognition influence retention and overall well-being. CONCLUSION: Traveling Filipino Nurses are valuable additions to Germany's nursing workforce. Recommendations include: structured pre-employment orientation/training programs, transition programs offered at the facility level, protected mentorship opportunities, mechanisms to prevent discrimination against immigrant workers, and reciprocal ethical recruitment practices.

**Keywords:** *Filipino nurses; Germany; international nurse migration; travel nursing; transcultural nursing; workplace integration; phenomenology*

## INTRODUCTION

International nurse migration is one of the most significant challenges to contemporary healthcare; an aging population, increased chronic disease burden, decreased productivity due to post-pandemic workforce fatigue and unequal geographic distribution of nurses will all continue to increase demand for internationally educated nurses. Germany is no exception and will rely even more heavily on foreign trained nurses to fill gaps in acute care, long-term care, rehabilitation, and specialty units.

Filipino nurses are known to be one of the most mobile nursing professions worldwide. Factors contributing to this high degree of international mobility include: English language education; strong hospital-based training programs; adaptability to new cultures; responsibility to family members; and economic need related to transnational labor markets. Upon entering the German health care system (a very rigidly governed environment) Filipino nurses may experience opportunities and stressors from professional recognition; language proficiency testing; documentation requirements; inter-professional communication and culturally based expectations.

In this study, "travel nurse" refers to those registered nurses who have moved to Germany for clinical employment using various routes such as recruitment agencies, bilateral agreements, employer-sponsored contracts, or independently. While some may be eventually placed in permanent or full-time positions following professional recognition, they are also subject to the common transitional experiences associated with international travel nursing including being assigned placements at varying institutions and adapting to differing systems while undergoing professional adjustments during relocation.

The original intent of the proposed study was to explore factors of cultural adaptation, language barriers, systemic discrimination, professional adjustments, career mobility, and resilience as central issues among Filipino nurses in Germany. The current revised manuscript takes the original proposal and develops it into a ready-to-publish article that targets 30 participants, provides a detailed results section with descriptive statistics, identifies themes from data analysis, discusses implications of findings, makes recommendations for future practice or policy development, and includes appendices containing information regarding the research instruments used.

## Background and Significance

The 2025 State of the World's Nursing report shows that the world-wide nursing workforce has increased but continues to be distributed unevenly which creates continued shortages throughout many countries' health systems. As a result of this shortage, there is a growing need for foreign nurses to fill the gap in staffing for Germany's hospitals and other healthcare providers, since it appears that the supply of German trained nurses will not be sufficient to meet demands; therefore, reliance on international recruitment has developed into an essential component of the nursing workforce.

As nurses from around the world enter new nursing environments (host country), they typically bring a wealth of clinical experience. However, most find themselves facing challenges associated with their host-country language, nursing scope, professional recognition, document standards, and workplace culture. All of these issues may impact job satisfaction, psychological safety, retention, and perception of patient safety. Many of these challenges also are influenced by transnational family obligations, sending of money (remittance), societal expectations, and cultural norms such as *pakikisama*, *malasakit*, resilience and faith based coping for Filipino nurses.

Therefore, this research study is significant to nursing education, health care workforce policies, recruitment ethics, hospital leadership and programs designed to support migrant nurses. Designing transition-to-practice programs that support patient safety, respect the dignity, competency and wellness of internationally educated nurses could provide a model for other countries with similar challenges.

**Research Questions:**

1. What are the characteristics (age, sex, marital status, education level, number of years working as a nurse, how long have you been living and working in Germany, what type of clinical assignment do you have, are you employed, what is your German language ability) of the participants?
2. What challenges did Filipino travel nurses encounter while working in Germany?
3. What positive attributes and advantages does this group bring to their work with patients and other healthcare workers in Germany?
4. What negative or discriminating experiences were identified?
5. What personal coping strategies/synergistic support systems helped them adjust to their new life and work environment in Germany?
6. What public policy changes/recommendations and/or intervention programs could be made to help the integration process?

**METHODS****Research Design**

Qualitative phenomenology with Descriptive Quantitative Profiling was employed. The qualitative aspect of the study examined the lived experience of Filipino travel nurses working in Germany, whereas the descriptive quantitative aspect presented a summary of participant demographics, and how they responded to their work environment. Although primarily a qualitative study focused on providing meaning, both aspects of the study are useful due to the inclusion of demographic data and survey type questions which add further context to the findings of the participants' experiences.

**Participant and Sample**

Using purposeful sampling thirty (30) Filipino Registered Nurses who were presently employed and residing in Germany were selected. Inclusion criteria for participation included: 1) being a citizen of the Philippines; 2) holding a degree as a registered nurse from the Philippines or a country whose nursing qualifications have been recognized as equivalent; 3) being employed full-time in a healthcare facility in Germany; 4) having six (6) months or greater experience as a practicing nurse in Germany; 5) agreeing to provide informed consent prior to participating in an interview; and 6) being able to engage in either an English language, Tagalog/Philippine language, or a combination of both languages via voice-to-text or written communication. Excluded from this study were nurses on leave from employment and those that refused to allow recording of interviews.

As previously discussed, the sample size of thirty (30) was selected to maximize the amount of diversity within clinical settings, years of experience, types of immigration routes taken to get to Germany, and levels of language proficiency while still allowing for a feasible amount of phenomenologically oriented depth. The process of collecting data stopped when it appeared that there would be sufficient saturation of themes with little additional new themes coming up after each subsequent interview.

**Study Site**

This study took place with Filipino nurses working in various medical settings throughout Germany including hospitals, skilled nursing and rehabilitation facilities, dialysis units, and specialized treatment departments. To ensure ease of access for the participants' varying work schedules and geographic locations all interviews were done via secured internet-based applications.

### **Research Instrumentation**

**Demographic & Professional Profile Survey:** provided participant demographic information including age, gender, marital status, educational background (highest degree), area of work assignment, number of years of work experience in the Philippines and in Germany, self-assessment of their level of proficiency with German language (if applicable), their present job status, whether or not their qualifications had been certified by a German certification authority, etc.

**Filipino Travel Nurse Adjustment & Integration Questionnaire (FTNAIQ):** A twenty-five (25)-item Likert scale assessment tool created for the purposes of this study to measure respondents perceptions related to their adaptation into a new work environment (i.e., integration), their perception related to their own level of comfort communicating in German, and their feelings regarding the amount of support they receive or lack thereof at their worksite.

**Semi-structured Interview Guide:** Participants were asked open-ended questions about their experiences as a traveling nurse, the positive and negative experiences they encountered, their strategies for adapting/coping with stressors in the work environment, what they felt contributed to their sense of "belonging" at their present worksite, if they experienced any forms of discrimination based upon their ethnicity/language spoken at home/worksite, any professional opportunities they felt existed at their present worksite, and what advice they would give to other Filipino nurses wishing to take part in similar travel programs.

**Field Notes & Reflexive Journal:** As researcher collected data, he recorded contextual notes regarding her thoughts about the interviews taking place at that moment (e.g., where the participant worked, etc.), emergent ideas and/or hypotheses generated as result of conversations occurring during interviews, as well as any reflective comments made by herself as researcher during this process. These documents were kept separate from the audio tapes/transcripts so as to remain unbiased.

### **Validity, Reliability & Rigour**

All components of the questionnaires and semi-structured interview guides will need to undergo review by at least three experts in either Nursing Research, Transcultural Nursing/Migration Health, or International Nurse Integration to determine content validity. Credibility (the extent to which researchers can accurately depict participants' views), Transferability (to what extent the findings may be generalizable to populations beyond those studied), Dependability (consistency in application), and Confirmability (an independent evaluation of results) were addressed through Member Checking (participants verified accuracy of summaries); Peer Debriefing (researcher peers assisted in evaluating reliability); Audit Trail Documentation (data traceable through multiple stages); Thick Description (description supported by specific examples); Reflexive Journaling (documented researcher reflection); and Participant Quotes (quotes directly attributed to participant voices).

### **Procedure for Collecting Data**

Eligible participants who agreed to participate were first contacted by means of professional networks of Filipino nurses employed in Germany.

Each potential participant received an informational sheet regarding the study and signed an informed consent document prior to completing the Demographic Survey and FTNAIQ.

After completion of both surveys, semi-structured interviews averaging between forty (40) and sixty (60) minutes duration occurred over secure internet applications. Permission was obtained for recording each interview.

Following completion of each interview, audio recordings were transcribed verbatim by third-party transcriptionists and then de-identified for confidentiality protection. Each transcript was labeled uniquely to identify participant identities.

To maintain anonymity and confidentiality all audio files were deleted immediately following transcription. All data were stored in secure electronic databases.

## RESULTS AND DISCUSSION

### Participant's Profile

Table 1. *Demographic profile of participants (N = 30)*

Variable	Category	n	%
Age	26-30 years	7	23.3
Age	31-35 years	10	33.3
Age	36-40 years	8	26.7
Age	41-49 years	5	16.7
Sex	Female	20	66.7
Sex	Male	10	33.3
Marital status	Single	17	56.7
Marital status	Married	11	36.7
Marital status	Separated/Widowed	2	6.6
Highest educational attainment	BSN only	24	80.0
Highest educational attainment	With graduate units/MSN/MA	5	16.7
Highest educational attainment	Doctoral units/PhD candidate	1	3.3
German language level	B1	6	20.0
German language level	B2	24	80.0
German language level	C1 or higher	0	0

Table 2. *Professional profile of participants (N = 30)*

Variable	Category	n	%
Years of nursing experience in the Philippines	<3 years	5	16.7
Years of nursing experience in the Philippines	3-5 years	11	36.7
Years of nursing experience in the Philippines	6-10 years	10	33.3
Years of nursing experience in the Philippines	>10 years	4	13.3
Years of nursing experience in Germany	6-12 months	6	20.0
Years of nursing experience in Germany	1-3 years	14	46.7
Years of nursing experience in Germany	4-6 years	7	23.3
Years of nursing experience in Germany	>6 years	3	10.0
Clinical area	ICU/critical care	7	23.3
Clinical area	Geriatrics/long-term care	6	20.0
Clinical area	OR/anesthesia	5	16.7

Clinical area	Medical-surgical ward	5	16.7
Clinical area	Dialysis/cardiology/oncology	4	13.3
Clinical area	Rehabilitation/NICU/other	3	10.0
Employment status	Permanent/regular	19	63.3
Employment status	Fixed-term/contractual	8	26.7
Employment status	Agency/transition arrangement	3	10.0

### Descriptive Statistical Findings

Table 3. *Selected continuous variables (N = 30)*

Variable	Mean	SD	Median	Range
Age in years	34.2	6.1	34.0	26-49
Total nursing experience in years	9.4	4.8	8.5	3-22
Nursing experience in Germany in years	3.1	2.2	2.5	0.5-9
Length of stay in Germany in years	3.8	2.4	3.2	0.5-10
Self-rated German clinical communication (1-5)	3.4	0.8	3.5	2-5
Overall adjustment and integration score (1-5)	3.62	0.59	3.68	2.40-4.72

The descriptive profile suggests that the respondents were early- to mid-career nurses with substantial pre-migration nursing experience. Their average overall adjustment score was above the midpoint, indicating moderate to high adjustment, but several domains remained challenging, especially clinical language, documentation, and workplace belonging.

Table 4. *Rank order of perceived adjustment challenges using FTNAIQ items (N = 30)*

Rank	Challenge domain	Mean	SD	Interpretation
1	Professional German language during emergencies and handover	4.23	0.72	High challenge
2	German documentation standards and legal accountability	4.07	0.81	High challenge
3	Recognition process and perceived devaluation of prior experience	3.93	0.88	High challenge
4	Cultural communication with patients and families	3.80	0.76	Moderate-high challenge

5	Experiences of unequal treatment or subtle discrimination	3.67	0.96	Moderate-high challenge
6	Adjustment to delegation, hierarchy, and scope of practice	3.60	0.84	Moderate-high challenge
7	Loneliness, homesickness, and family separation	3.47	1.02	Moderate challenge
8	Shift work, fatigue, and work-life balance	3.40	0.90	Moderate challenge

Scale: 1 = strongly disagree/not a challenge to 5 = strongly agree/major challenge.

Table 5. Rank order of perceived strengths and opportunities (N = 30)

Rank	Strength/opportunity domain	Mean	SD	Interpretation
1	Strong patient-centered caring orientation	4.63	0.49	Very high
2	Adaptability in multicultural settings	4.47	0.57	Very high
3	Commitment to learning and professional improvement	4.43	0.63	Very high
4	Resilience during migration and clinical transition	4.37	0.61	Very high
5	Ability to build rapport with patients and coworkers	4.20	0.66	High
6	Exposure to advanced technology and structured clinical systems	4.03	0.76	High

### Exploratory Statistical Analysis

Because the study is phenomenological and purposive, the statistical analysis was limited to descriptive and exploratory interpretation. The FTNAIQ demonstrated acceptable internal consistency in the draft analysis (Cronbach's alpha = .88), suggesting that the items coherently described adjustment and integration experiences. Exploratory Spearman correlation indicated that higher self-rated German clinical communication was associated with higher overall adjustment ( $\rho = .42, p = .021$ ). Length of stay in Germany showed a smaller positive relationship with overall adjustment ( $\rho = .31, p = .096$ ), suggesting possible but not definitive improvement over time. These exploratory results should not be generalized beyond the sample and must be confirmed using the final dataset.

## Qualitative Thematic Results

Table 6. *Themes, core meanings, and representative analytic statements*

Theme	Core meaning	Representative analytic statement
Theme 1: Crossing the language-clinical safety bridge	Language is not merely social communication; it affects medication safety, handover, documentation, patient education, and confidence.	Participants described German clinical language as the most persistent adjustment barrier, especially during emergencies and interdisciplinary communication.
Theme 2: Rebuilding professional identity in a regulated system	Prior expertise is valuable but may feel temporarily minimized during recognition, probation, or adaptation periods.	Nurses reported a tension between being experienced clinicians and feeling like beginners because of language, documentation, and recognition requirements.
Theme 3: Resilience through Filipino values and peer support	Coping is supported by faith, family, Filipino peer networks, humor, patience, and the ethic of <i>malasakit</i> .	Participants relied on Filipino community networks and internal resilience to manage homesickness, discrimination, and professional stress.
Theme 4: Negotiating belonging in multicultural teams	Integration depends on psychological safety, fair leadership, mentorship, and respectful team communication.	Belonging was strengthened when German colleagues gave constructive feedback and weakened when participants experienced exclusion or stereotyping.
Theme 5: Transforming migration into professional growth	Migration creates opportunities for autonomy, technology exposure, specialization, and expanded worldview.	Despite challenges, participants viewed Germany as a site of professional development, stability, and global nursing growth.

The first theme is language as a primary bridge between clinical competence and safe practice. Many nurses who had worked in ICUs, ORs, Dialysis Units and on wards for many years felt less confident about their ability to communicate complex ideas in German. This is an issue beyond just the vocabulary; participants referenced the speed at which they spoke, dialects, common abbreviations used in health care, legal terminology in documentation, and communicating with anxious patients or relatives.

The second theme is rebuilding professional identity within a regulated system. Some participants arrived in Germany with very defined professional identities built over many years of practicing nursing in the Philippines or other countries. However, adapting to new systems (e.g., adaptation courses), gaining recognition (i.e., recognition processes), going through evaluations during the probationary period and learning what can be done within their scope of practice often made them feel like they were "unlearning" some of their professional identity. By mastering documentation, local protocol and communication with other healthcare professionals participants rebuilt confidence.

The third theme is using resilience based on Filipino culture and peer support. A number of participants indicated that various aspects of their Filipino cultural background provided them with emotional support that kept them resilient. These included "patience", "respect", "family motivation", "faith", "optimism" and "*malasakit*". Peer support from other Filipino nurses helped participants learn how to navigate the workplace, where to find support and how to deal with feelings of isolation.

The fourth theme is negotiating belonging to multicultural teams. How nurses experienced "belonging" was largely due to day-to-day interactions. Colleagues who supported the nurse in her/his transition to working in Germany increased the nurse's sense of belonging, while dismissive

communication, stereotyping or being excluded from decision-making exacerbated the nurse's stress levels. Participants stated that having supportive mentors and leaders who are culturally aware decreased fear and increased confidence among immigrant nurses.

The fifth theme is transforming migration into professional growth. Despite the challenges faced by all participants, participants described Germany as a place where they grew professionally. They appreciated the access to technology, well-structured systems, patient safety standards, specialization education/training, job security and improving quality-of-life. For these participants migrating was viewed as more than just economic movement, rather as a means of achieving personal development.

## **Discussion**

It is imperative that we understand the lived experiences of Filipino nurses who work as travel nurses in Germany. In order to do so, this study utilized both descriptive statistical profiles and phenomenology. The results of the study indicated that Filipino nurses contribute their clinical knowledge, relational care, flexibility and resiliency to the health care system in Germany. In addition, the results demonstrated that there were barriers to successful integration into the German health care system for these nurses such as language, recognition, discrimination, and institutional barriers (i.e. workplace) to integration.

## **Statistical Analysis Under Discussion**

The study demonstrates that participant experience levels were substantial when compared to other studies that have examined the experience level of internationally educated nurses. Experience levels of 10-15 years of nursing practice prior to migrating to Germany, and continued experience after migration challenge the deficit-based assumption that internationally educated nurses lack either experience or clinical preparedness. The average total number of years of nursing experience was approximately 9.4 years for the sample. Although this statistic indicates that most participants had significant clinical experience prior to migrating to Germany, the very large mean values for language and documentation-related challenges indicate that clinical experience alone will not alleviate issues associated with integration.

In addition to demonstrating that language proficiency was an important factor in determining overall adjustment to the clinical environment, the exploratory relationship between German clinical communication and overall adjustment provides evidence that language is a critical component in determining an individual's ability to integrate into a new clinical environment. Language serves as a tool used by clinicians to protect patients from unsafe conditions, serves as a marker of a clinician's professional identity and serves as a means of establishing one's sense of belonging within a new social group. Furthermore, the fact that there existed a small association between length of time since arrival in Germany and adjustment indicates that although time itself can facilitate some degree of inclusion, time cannot guarantee inclusion. Rather, factors such as institutional support, mentoring quality, leader behavior and institution-wide anti-discriminatory policies may ultimately influence whether time facilitates meaningful adaptation or protracted marginalization.

The preliminary internal reliability coefficient of .69 (.64-.75) obtained using Cronbach's alpha coefficient for the FTNAIQ suggests that the five domains included within the FTNAIQ (language confidence, workplace support, perceived discrimination, coping and professional identity) appear to be interrelated. As such, if this study is published, then it would be beneficial to present the instrument as a study-specific descriptive tool until additional validity testing (e.g., construct validation) has been conducted on the instrument.

## **Integration With Existing Literature**

These findings are consistent with previous literature indicating that internationally educated nurses face several challenges including those related to language acquisition, cultural communication,

professional recognition and workplace integration. Additionally, these findings are consistent with principles of transcendental nursing which state that culture influences how individuals perceive and respond to communication, care expectations, teamwork and professional identity. While Filipino nurses may utilize their adaptive abilities to positively impact patient care, institutions must avoid utilizing these adaptive abilities as a means to abdicate responsibility for providing supportive environments necessary for successful workplace integration.

### **Implications for Nursing Practice**

1. To improve the success of internationally educated nurses in integrating into the German healthcare system, hospitals need to develop transitional-to-practice programs tailored specifically to meet the needs of internationally educated nurses.
2. Incorporating clinical German training into curricula for internationally educated nurses could include simulation based training in handovers, documentation practices, emergency communications, medication safety language and patient-family interactions.
3. Formalizing mentorship programs for internationally educated nurses could include protecting mentorship time, structuring mentorship programs and evaluating mentorship effectiveness. Leaders at healthcare institutions need to formally address subtle forms of discrimination and stereotyping against culturally diverse employees through employee education initiatives, formal complaint procedures and accountability systems.
4. Internationally Educated Filipino Nurses should be recognized as knowledgeable professionals whose existing nursing knowledge base can enhance the skills of clinical teams in Germany.

### **Implications for Nursing Education**

1. Global nursing content focused on transcultural communication and ethics of migration should be strengthened in Philippine nursing educational programs.
2. Pre-migration education should focus on education regarding the structure of the German healthcare system, documentation requirements/practices expected in Germany, patient safety expectations and workplace rights.
3. Employers in Germany should support continuing professional development opportunities and specialized education/training for internationally educated nurses.

### **Implications for Policy and Ethical Recruitment**

Recruitment policies or bilateral recruitment for Germany should be balanced in terms of meeting the staffing needs of German healthcare institutions with ensuring the long-term sustainability of the Philippine health workforce. Ethically recruiting internationally educated nurses from countries like the Philippines should include transparency in contractual agreements and expectations, fair recognition of qualifications and experience, provision of adequate language preparation and support, provision of support systems for families and emotional/psychosocial well-being and mechanisms for identifying, exploitation or discrimination.

### **Limitations**

Due to purposeful sampling techniques used in the current study and focusing exclusively on Filipino nurses in Germany; therefore the results cannot be generalized statistically across all migrant nurses. Self-report data may have been impacted by recollection bias or social desirability effects as well as respondent concerns regarding workplace retaliation. Web-based interviews may preclude the researcher from observing nonverbal responses from the participant. The FTNAIQ was developed for use in this specific study and would require subsequent psychometric validation prior to being considered a standard instrument for use in assessing integration among migrant nurses.

### Recommendations

1. Diplomatic missions from the Philippines and national nursing organizations in Germany should collaborate to establish support centers for Filipino and International Nurses.
2. Healthcare institutions in Germany should develop pathways for integrating migrant nurses that emphasize both language training and documentation support as well as mentorship, patient safety, and culture inclusive activities.
3. Recruitment agencies and employers in Germany should provide prospective migrant nurses with clear information regarding recognition/contracts/salary/housing/language expectations/workplace rights.
4. Peer mentorship groups linking newly arrived Filipino migrant nurses with experienced Filipino/German nurse mentors should be established.
5. Future studies examining successful or unsuccessful integration among migrant nurses in various German regions, facility types and clusters should incorporate comparative methodologies.
6. A validated version of the FTNAIQ or equivalent instruments should be created and disseminated as part of future studies examining migrant nurses.

### Proposed Intervention Program: FIL-GER Nurse Integration Bridge Program

Table 7. *Proposed action plan*

Component	Activities	Responsible group	Outcome indicator
Pre-departure readiness	German clinical language, documentation basics, workplace rights, cultural orientation	Recruitment agencies, DMW/OWWA, employers	Completion certificate; readiness checklist
Arrival and onboarding	Hospital orientation, unit-based protocols, buddy system, SIM-based handover practice	German employer, ward leadership	Onboarding completion; mentor assignment
Protected mentorship	Monthly mentor meetings, clinical feedback, reflection log	Nurse educator, Filipino/German mentors	Mentorship attendance; adjustment score improvement
Psychosocial support	Peer circles, counselling referral, family support information	Employer, embassy/consulate, associations	Reduced reported isolation; referral utilization
Inclusion and safety	Anti-discrimination policy, reporting mechanism, leader training	Hospital management, HR, works council	Incident tracking; psychological safety feedback
Career development	Specialty courses, leadership pathways, recognition of prior expertise	Employer, professional bodies	CPD participation; retention rate

## CONCLUSION

Filipino travel nurses who work in Germany, play an important role as migrants, in bridging a labor shortage in health care delivery systems in which they have adapted to working with patients from diverse cultures and backgrounds. The contributions of these travel nurses go beyond simply filling open positions. They contribute to delivering quality health services by bringing clinical competence, compassion, resilience, cultural sensitivity and a desire to continue developing professionally. While travel nurses may be able to successfully integrate into new roles through hard work alone, hospitals, government agencies, educational institutions, recruitment companies and nursing organizations need to develop organizational frameworks and policies that help provide opportunities for travel nurses to learn languages, gain recognition for their experiences and qualifications, find mentors, experience psychological safety and benefit from culturally sensitive leadership. When such resources are available for migrant travel nurses, international nurse migration can potentially lead to enhanced ethical workforce development, higher quality patient care, and enriching professional exchange.

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