PSYCHOLOGICAL IMPACT, CULTURAL ADJUSTMENT, AND PERFORMANCE OF NURSES WORKING ABROAD

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Abstract

Newly hired nurses encounter challenges with cultural adjustment, primarily due to language barriers and workplace cultural differences, which can lead to confusion and stress. This study focused on the psychological impact and cultural adjustment of 133 non-Arab nurses with three to four years of experience at Maternity and Children's Hospital (MMCH), utilizing Descriptive-Correlational and Causal research designs. The findings reveal that high job demands significantly contribute to work-related stress, leading to sleep disruptions and burnout. Although these nurses report high job satisfaction, especially regarding team belonging, they experience moderate stress stemming from cultural adjustments and communication barriers. Effective communication and support are crucial in international roles, as stress levels can affect performance; notably, nurses with greater cultural competencies perform better. The research indicates a significant correlation between work satisfaction and performance, suggesting that higher satisfaction enhances performance, whereas work-related stress, burnout, and cultural factors do not. Consequently, work satisfaction emerges as the primary predictor of nurse performance, emphasizing the necessity for supportive work environments, fair workloads, and recognition. Recommendations for healthcare providers include implementing stress management programs, setting clear job expectations, and addressing cultural adjustment issues and communication challenges to promote long-term health and well-being among non-Arab nurses.

Keywords: *psychological impact, cultural adjustment, performance, non- Arab nurses, work satisfaction*

Introduction

The psychological impact is a big challenge to all nurses working abroad, particularly due to cultural differences and language barriers. Currently, the Arabic language remains a mode of communication within organizations, contributing to tension among newly employed nurses. This effect on nurses induces tension, which in turn leads to disorientation and culture shock. Newly hired nurses need to interpret psychological symptoms that affect them the most. Working abroad needs support and requires adjustment to the host country. Also, they need to adapt to the sudden change in their lifestyle. Otherwise, they may progress into culture shock (Doki et al, 2018).

I observed the difficulties nurses faced upon hiring. All the documents under review were composed in Arabic, and contact within Human Resources was also conducted in Arabic. Consequently, newly employed nurses experience confusion and stress due to insufficient support and guidance in this regard.

Cultural adjustment is one of the most difficult challenges that expatriate nurses are likely to face, as they are not familiar with the workplace, its culture, and the language barrier. They must make an effort to ensure the smooth progress of the work. Nurses who can easily adapt to customs and cultures are more likely to find ways to mitigate work stress. Adjustment to the host country results in better performance.

According to Tsegaye et.al (2017) Cultural adjustment is mainly associated with the cultural differences between an individual's origin and their host country. Cultural adaptation was found to be more influenced by a person's personal cultural orientation than by cultural differences between their home and host countries. Cultural orientation was requisite for effective cultural adaptation. To adjust, an individual's adjustment manner influences their effort and behavior. Depending on the individual's mental orientation, the interpreting process could be made easier. Hence, if an individual possesses prior knowledge compatible with the foreign culture, the process of adjustment will be easier. If not, the interpretation process would take longer and rely more on trial and error until the individual had a good understanding. In addition, cultural adaptation refers to changes in a new environment, and the transformation depends on person to person. Some people easily adapt while others have difficulty adapting to new environments. Cultural Adaptation consists of different phases: First, the Honeymoon phase describes the feeling of excitement in a new work environment, optimism, and a focus on the positive aspects of the new environment. Second, in the Crisis phase, also known as culture shock, a person will experience anxiety, feelings of disorientation, and confusion due to the difficulty of adapting and incorporating into a new environment. The duration of this phase depends on person to person and experience to experience. Third, in the Recovery phase, one begins to regain a sense of appreciation and is enlightened to adapt to different ways of life. And last is the Adjustment phase, described as a feeling of adjustment to the new environment, being more comfortable in the workplace, developing a social network, viewing new ideas, and, most of all, being flexible in their experience. Learning to acknowledge the new culture, however, still stick to your own culture.

Based on observation, the researcher identified some issues. The newly hired nurses appear perplexed as they process their documentation, including contracts and residence permits. Subsequently, nurses will engage with the ward and directly interact with patients following a 5-day unit-specific nursing orientation. The primary issue is communication due to the language barrier. Thirdly, differences in culture and linguistic obstacles lead to diminished job focus, confusion, and insufficient assistance in their environment. Consequently, culture shock develops.

Upon the arrival of newly hired nurses in the organization's new culture, there is doubt about acceptable and unacceptable behavior. Some experience anxiety and homesickness in severe forms of mental illness. According to Young Yun Kim (2017), the psychological and physical symptoms of disorientation and stress, often referred to as indicators of culture shock, typically signal the onset of the adaptation process. Through sustained participation in diverse cultural learning activities, most individuals can progressively attain enhanced levels of psychological and functional efficacy in relation to their host environment.

Regarding the performance of newly hired nurses, the organization aims to ensure they are committed and dedicated to their work. There should be an organization's emotional attachment to promote nurse retention. To establish Guidelines or Policies and procedures to ensure quality care and services (Cruz et al., 2018). In our case, all newly hired nurses should undergo Initial competencies and unit competencies during a 90-day probationary period, an Initial evaluation after 6 months, and a yearly performance appraisal based on the competencies and their performance in delivering care. However, some nurses faced challenges in fulfilling their job responsibilities due to circumstances such as a lack of support (preceptor), cultural differences, and language barriers between new staff and nurses, and between nurses and patients.

The Purpose of making this study was to distinguish and integrate the difficulties of cultural values, beliefs, and practices of newly hired nurses working abroad, and to identify a positive emotional state resulting from the appraisal of job experience, and to be able to perform their work and develop attitudes via interaction within the environment.

The researcher was motivated to pursue goals and explore alternative possibilities that better fulfil my desires. The objective had consistently been to obtain a master's degree, as the researcher had previously lacked the opportunity to pursue this due to insufficient options both domestically and internationally. Moreover, understanding motivation was essential in many aspects of life to establish optimal objectives and reward systems, thereby enhancing my own drive.

To address the problem, the organization should find a way to support the newly hired nurses by providing someone who can guide and follow up. Support in a way to decrease anxiety and ease depression to perform effective nursing care according to the standard. Assigned a preceptor to novice nurses during the probationary period to help interpret academic learning into clinical practice.

Research Questions

The purpose of this study was to identify the psychological impact and cultural adjustment of newly hired nurses on their performance, and to develop strategies and methods to enhance the psychological well-being of newly hired nurses working abroad. Specifically, it answered the following objectives:

1. What is the level of psychological impact of nurses working abroad in terms of:
    1.1. work related stress;
    1.2. burn out; and
    1.3. work satisfaction?
2. What is the level of cultural adjustment of nurses working abroad in terms of:
    2.1. language barriers;
    2.2. cultural sensitivity; and
    2.3. interpersonal relationships?
3. What is the level of performance among nurses working abroad?
4. Is there a significant relationship between performance and the psychological impact and cultural adjustment among nurses working aboard?
5. Which of the variables, singly or in combination predict the best variable?

Methodology

Research Design

The researcher used a descriptive-correlational and causal research design since it investigates the relationship between the variables without manipulating any of the variables.

According to new research, the Correlational design shows the extent and/or direction of the relationship between two or more variables. A correlation's direction could be either positive or negative. When collecting data quickly in natural settings, correlational research is the best option. This enhances the external validity of your findings' generalizability to real-world circumstances. (Scribbr, 2023).

A correlation analysis can compress the link between variables into a single statistic, the correlation coefficient, that expresses the direction and degree of the relationship. You may determine the strength of a correlation between variables with this number.

This research design was suitable for the investigator's objectives in this study, as it aimed to determine whether there was a relationship among psychological impact, cultural Adjustment, and the performance of nurses working abroad. Therefore, the correlational method best describes this occurrence.

Causal research is also known as explanatory research. It is a type of research that examines if there is a cause-and-effect relationship

between two separate events. This occurs when a change in one of the independent variables causes a change in the dependent variable.

Respondents

Participants were chosen from among the 260 recently hired non-Arab nurses at Maternity and Children's Hospital (MMCH) who had three (3) to four (4) years of experience. Simple random sampling was employed, a probability sampling method that gives each member of a population an equal and independent chance of being selected for a sample. This means that the selection of one member had no bearing on the selection of any other members. It was a simple, widely used method for selecting a representative subset from a larger group. This sampling approach ensured that every individual in the population had an equal chance of being selected for the sample. Second was independence, which stated that the selection of one individual was unrelated to the selection of another. The third was to create a sample that accurately reflected the characteristics of the entire population by randomly selecting from the population (https://dissertation.laerd.com/, n.d.). The hospital comprises 21 wards. All new staff members with 1 to 4 years of experience at the hospital were selected at random, regardless of their country of origin.

The researcher utilized the Raosoft.com calculator to determine the precise number of participants. This research data collection involved 133 participants picked at random from 260 non-Arab recently hired nurses.

Instrument

This study used a research-developed questionnaire that also collected respondents' demographics, such as age, qualifications, and years of experience. The questionnaire was given using an online platform. The researcher used the Perception Likert Scale to determine nurses' perceptions of the psychological impact, cultural adjustment, and performance while working abroad.

The 133 freshly employed nurses with 3-4 years of experience rated their perception of the survey questionnaire's statements. The tool was a 60-question test designed by the researcher using several methodologies. The questionnaire was rated based on the selected responses. The content of the questionnaire was as follows: Part I is psychological impact to nurses working abroad with subtopics work related stress, Burnout, and work satisfaction; part II is Cultural adjustment with subtopics Language barriers, Cultural Sensitivity, and Interpersonal relationships; and +Part III is Level of performance among nurses working abroad which contain Nurses' yearly performance appraisal, Initial evaluation in Probationary period, Every six months evaluation, and Reward System.

Procedure

Before the data collection process began, the researcher took several preparatory steps to ensure the study was well-organized and ethical. This included obtaining the necessary approvals and permissions from relevant hospital authorities at the Maternity and Children's Hospital (MMCH), including the Director of Nursing. The researcher also secured consent from the participants, who were the newly hired non-Arab nurses with 3 to 4 years of experience, ensuring that all participants were informed about the study's purpose, procedures, and their rights as participants. This study's purpose determined the psychological impact, distinguishes and integrates the difficulties of cultural values, beliefs, and practices of hired nurses working abroad, to identify a positive emotional state resulting from the appraisal of job experience, and be able to perform work and attitude development via interaction within the environment.

Participation was voluntary. They were not obliged to participate in the study. If they did not wish to participate, they might decline and withdraw at any moment. If they decided to participate, any information they submitted from the database might have been erased, as the information gathered during the study was used solely for informational purposes.

All collected information remained confidential; individual names were not used in the survey. The data was stored in a file and discarded a few months after the research was submitted for evaluation. As for the risk, participants were required to provide candid responses in the online survey, use their own internet connection to access the Google Form, and give truthful responses to the survey questions. They might be sure that taking part in this study carried no known risks. Since it was completed outside their duty hours, it did not affect their annual performance review or your job. Any Clarifications they might have about this study were highly valuable, and they might raise them. Their cooperation was highly appreciated. Additionally, the research instrument—a structured questionnaire—was carefully developed and piloted with a small group of nurses from the target population to refine the questions, ensure clarity, and establish the tool's reliability and validity.

During the data collection phase, the researcher distributed the finalized questionnaires to the selected newly hired non-Arab nurses with 3 to 4 years of experience in MMCH. This distribution was conducted through online survey platforms. The researcher provided clear instructions for completing the questionnaire and was available to address any questions or concerns respondents might have. Participants' involvement spanned the time they spent answering the online questionnaire. It might take them around 15 to 20 minutes to rate the questionnaire. Data collection will automatically begin after participants complete the online survey.

Ethical considerations were met to ensure the security of all data and documents gathered by the researcher in the study. The soft copy of all the raw data and other related files was included in the Appendices of the manuscript. After the data collection is completed, the researcher will gather and organize the completed questionnaires for analysis. The responses were statistically treated to facilitate data analysis, ensuring that all data was accurately recorded. Therefore, the correlational method best describes this occurrence. The results will be interpreted in the context of the study's objectives and used to draw conclusions and make recommendations to improve the

performance of non-Arab nurses at MMCH. The findings were documented in a comprehensive report and shared with relevant stakeholders, including hospital directors, executive officers, and participating nurses.

Data Analysis

This study used the mean and standard deviations to measure the level of psychological impact, cultural adjustment, and performance among nurses abroad.

Frequency distribution is an arrangement of data that shows the frequency of occurrence of the different values of the variables like age, qualifications, and year of experience as a nurse at MMCH. This distribution gave the frequency of occurrence of values falling within arbitrarily defined intervals of the variables. Each interval is called a score class. In this study, the respondents' scores were distributed in an ungrouped frequency distribution. It was the significant difference in the corresponding intervals. In cases like this, the common practice was to convert each frequency into a percentage (Downie & Heath,1984).

Weighted Mean and Standard Deviation. This is the most commonly used measure of central tendency, often called the average. The Researcher used means and standard deviations to describe attitudes and practices. This initial analysis provided a clear picture of the data set's basic features and set the stage for further inferential analysis. There were several different kinds, but the most common was the arithmetic mean.

This technique was used to describe and summarize participants' perceptions of the psychological impact, cultural adjustment, and performance while working abroad. Another normal distribution used in this study was the standard deviation, a measure of variability often associated with the arithmetic mean. Like the mean deviation, the standard deviation is a measure of the average amount by which individual items of the data deviate from the arithmetic mean of all data. Each deviation can be found by subtracting the arithmetic mean from each value. Some of these differences will be negative, but since they are squared, the results are positive. The standard deviation is the square root of the mean of the squares of the deviations from the arithmetic mean.

Ranking was used to determine the highest and lowest rank of each variable.

Pearson's product-moment correlation coefficient was used to identify the relationship between the dependent and independent variables in the study. Pearson's product-moment correlation coefficient (also known as PPMCC or PCC) is a measure of the linear relationship between two variables measured on interval or ratio scales. It can only be used to measure the relationship between two normally distributed variables.

To establish a significant relationship, Pearson's product-moment correlation was utilized. Pearson's correlation coefficient was calculated to examine the strength and direction of the linear relationships between performance and the psychological impact and cultural adjustment among nurses working abroad. This helped identify significant associations and potential predictors.

Multiple Regression was used to predict the best variable. This analysis will identify key factors that significantly influence performance and provide insights into their relative importance. Multiple regression is an extension of simple linear regression. It is used to predict the value of a variable based on the values of two or more other variables. The variable we want to predict is called the dependent variable (or sometimes, the outcome, target, or criterion variable).

Results and Discussion

This section presents the analysis and interpretations of the data collected from the survey instrument.

Problem 1: What is the level of psychological impact of nurses working abroad in terms of work-related stress, burnout, and work satisfaction?

Nurses working overseas frequently experience work-related stress, a worldwide condition that affects nurses regardless of location. Table 1 shows the descriptive statistics on the level of Psychological Impact of nurses working abroad in term of work-related stress.

Table 1. *Descriptive Statistics on the level of psychological impact of nurses working abroad; work-related stress*

	Statement	M	SD	Verbal Interpretation	Interpretation
1.	I struggle to complete my assigned tasks due to a heavy workload.	3.50	1.172	Agree	High Stressed
2.	My work has high demands and responsibilities that can be stressful.	3.88	1.008	Agree	High Stressed
3.	Unclear work goals contribute to my stress at work.	3.66	1.058	Agree	High Stressed
4.	My workload is overwhelming and contributes to my stress.	3.60	.984	Agree	High Stressed
5.	Work-related stress affects my sleep quality.	3.84	1.043	Agree	High Stressed
6.	I take longer than expected to complete my tasks due to workload stress.	3.50	1.098	Agree	High Stressed
7.	Handling difficult work problems contributes to my stress.	3.59	1.053	Agree	High Stressed
8.	My job responsibilities often cause emotional strain and stress.	3.54	1.077	Agree	High Stressed
	Overall Mean	3.64	.781	Agree	High Stressed

Legend: 5 (4.51–5.00) = Strongly Agree / Very High Stressed; 4 (3.51–4.50) = Agree / High Stressed; 3 (2.51–3.50) = Neutral/Undecided / Moderately High Stressed; 2 (1.51–2.50) = Disagree / Low Stressed; 1 (1.00–1.50) = Strongly Disagree / Very Low Stressed

The overall Mean is 3.64, indicating that, in terms of work-related stress, the psychological impact on nurses working abroad is high.

These findings imply that while nurses working abroad remain resilient in their performance, persistent stressors—particularly those linked to job demands, sleep disruption, and role ambiguity—may undermine their long-term well-being and job satisfaction. This supported the Acculturative Stress Theory, as defined by Palmer (2024), which refers to the stress individuals experience as they adjust to a new society that may not align with their own. This stress can worsen trauma reactions and is associated with socio-cultural and workforce integration into a new environment (Estrada & Cerezo, 2022). Acculturation occurs when individuals join diverse institutions or workplaces, leading to the growth of different levels of acculturative stressors (Estrada & Cerezo, 2022).

The highest mean score was observed for the statement, "My work has high demands and responsibilities that can be stressful" (M = 3.88, SD = 1.01), indicating that job demands are a primary stressor. In this connection, the measure of acculturative stress is also reported to vary based on factors such as workloads, work demands, financial and cultural circumstances, educational stage, and workplace type (Estrada & Cerezo, 2022). Moreover, Saylu (2022) cited that the global economy is putting pressure on employees due to increased work demands, organizational change, and reduced job security. This is leading to increased workplace stress, which is recognized by international bodies like the WHO and the ILO, causing psychological distress, withdrawal behaviors, health issues, accidents, and reduced performance.

Interestingly, the lowest mean was recorded for the statement "I struggle to complete my assigned tasks due to a heavy workload" (M = 3.50, SD = 1.098), still interpreted as high stressed, indicating that while nurses perceive high levels of responsibility and pressure; they generally do not report difficulty in completing their tasks. Epidemiological studies confirm that both experiencing a greater number of stressful events and reporting high perceived stress over long periods of time are associated with worse mental and physical health, and mortality (Crosswell & Lockwood, 2020). .

Burn Out

Table 2. *Descriptive Statistics on the level of psychological Impact of nurses working abroad; Burnout*

	Statement	M	SD	Verbal Interpretation	Interpretation
1.	Even with enough rest, I still feel constantly tired and exhausted.	3.39	1.218	Neutral	Moderately High
2.	I often feel irritated or frustrated with my coworkers and patients.	2.74	1.121	Neutral	Moderately High
3.	I frequently experience physical symptoms such as headaches, fatigue, or illness due to work stress.	3.48	1.216	Neutral	Moderately High
4.	I often withdraw from coworkers and avoid social interactions due to exhaustion.	2.94	1.120	Neutral	Moderately High
5.	I Experience increased interpersonal conflict with co-workers.	2.60	1.044	Neutral	Moderately High
6.	I feel overworked due to long shifts, lack of breaks, and excessive workload.	3.56	1.110	Neutral	High
7.	I do not have access to a social or professional support system at work.	2.89	1.027	Neutral	Moderately High
8.	I often react negatively to workplace changes due to stress and burnout.	2.69	1.031	Neutral	Moderately High
9	I have a lack of interest in my current job.	2.30	1.044	Neutral	Moderately High
10	I feel emotionally exhausted.	3.12	1.907	Neutral	Moderately High
	Overall Mean	2.97	.821	Neutral	Moderately High

Legend: 5 (4.51–5.00) = Strongly Agree / Very High burnout; 4 (3.51–4.50) = Agree / High burnout; 3 (2.51–3.50) = Neutral/Undecided / Moderately High burnout; 2 (1.51–2.50) = Disagree / Low burnout; 1 (1.00–1.50) = Strongly Disagree / Very Low burnout.

Table 2 shows that the overall Mean is 2.97, which indicates that the level of psychological impact of nurses working abroad in terms of burnout is Moderately High stress. The implication of these findings is that while international nurses exhibit resilience in terms of job commitment, they are at risk of long-term health consequences due to chronic overwork and stress-related symptoms. It is therefore critical for healthcare organizations and foreign employers to implement structured wellness programs, regulate shift hours, and offer physical and mental health support systems to prevent severe burnout and ensure the sustainability of their workforce abroad.

This finding supported the job resources-demands model by Griffiths et al. (2020), which suggests that burnout occurs in two ways: too much work leading to exhaustion and not enough support leading to disengagement. This model, along with Maslach and Schaufeli, views burnout as the negative pole of employee well-being, with work engagement as the positive pole. Shirom and colleagues also suggested that burnout occurs when individuals exhaust their resources due to long-term exposure to emotionally demanding circumstances in both work and life settings (Griffiths, 2020).

Based on data gathered, the descriptive statistics revealed that the most experienced or highest indicator of burnout was the feeling of being overworked due to long shifts, lack of breaks, and excessive workload (M = 3.56, SD = 1.11). These findings suggest that the physiological toll of burnout is particularly prominent among nurses deployed overseas, reflecting the physically and mentally demanding nature of their roles. This supports the cross-sectional survey research of Griffiths et al. (2023), which revealed finding was nurses who worked long shifts had less choice than those working shifts of 8 h or less (66% of 12-h shift nurses versus 44% 8-h shift nurses reporting having no choice), but choice did not moderate the relationship between shift length and burnout and exhaustion. Study concluded that the relationship between long shifts and increased burnout reported previously might have arisen from a lack of choice for those staff working long shifts. Whether a limited choice for staff is intrinsically linked to long shifts is unclear.

Conversely, the lowest mean was reported for the item, "I have a lack of interest in my current job" (M = 2.30, SD = 1.04), indicating that despite signs of burnout, many nurses remain interested and committed to their profession. This distinction may imply that while they are physically and emotionally strained, their sense of purpose or professional dedication remains intact. This supported also the claims of Hassan et.al. (2022) that nurse burnout is influenced by work conditions, demographic traits, and Leader Empowering Behaviors (LEBs). Their study emphasized the role of leadership in creating a positive work environment, enhancing the meaningfulness of work, allowing employees to participate in decision-making, expressing confidence in their abilities, facilitating goal attainment, and providing autonomy.

Work Satisfaction

Nurses abroad face both advantages and disadvantages in terms of job satisfaction, including financial compensation, career advancement, and professional development opportunities, but also challenges such as cultural adjustments, language barriers, and discrimination. Table 3 presents descriptive statistics on the Psychological Impact of nurses working abroad, focusing on work satisfaction.

Table 3. *Descriptive Statistics on the level of psychological impact of nurses working abroad; work satisfaction*

	Statement	M	SD	Verbal Interpretation	Interpretation
1.	I enjoy and feel satisfied working in my current environment.	3.51	.934	Agree	High
2.	I am given all the tools and instruments I need to do my job.	3.49	.997	Agree	High
3.	I feel comfortable, and I feel safe in my workplace.	3.53	.875	Agree	High
4.	I feel support from my colleagues and immediate manager.	3.72	.820	Agree	High
5.	I'm satisfied with my immediate manager	3.62	.943	Agree	High
6.	I am satisfied with my opportunities for professional growth.	3.56	1.018	Agree	High
7.	I feel that I'm part of the group in my unit.	4.02	.763	Agree	High
8.	I enjoy working collaboratively with the nurses in my unit.	4.01	.839	Agree	High
9	My manager provides me with useful feedback on my performance.	3.65	.963	Agree	High
10	Whenever I do a good job, I receive appropriate recognition	3.38	2.127	Agree	Moderately High
	Overall Mean	3.65	.738	Agree	High

Legend: 5 (4.51–5.00) = Strongly Agree / Very High work satisfaction; 4 (3.51–4.50) = Agree / High work satisfaction; 3 (2.51–3.50) = Neutral/Undecided / Moderately High work satisfaction; 2 (1.51–2.50) = Disagree / Low work satisfaction; 1 (1.00–1.50) = Strongly Disagree / Low work satisfaction

Table 3 presents descriptive statistics on the psychological impact of nurses working abroad on work satisfaction. As can be seen in the table, the overall Mean is 3.65, with a descriptive rating of High Work Satisfaction. This finding implies that what matters most to nurses working abroad is feeling at home and belongingness in their workplace. Receiving appropriate recognition mattered less to them in terms of work satisfaction. Overall, they do not feel satisfied or supported in their work environment, as indicated by the general description of high stress and its impact on work satisfaction. This aligns with the social support theory, which suggests that social support indirectly reduces stress among people, particularly nursing students. Studies show that social support can lower stress-related depression and burnout (Noh, 2017; Seo & Oh, 2021; Choi et al., 2024). However, few studies have investigated the attributes perceived by nursing students, taking into account their situational characteristics.

The highest work satisfaction of the nurses working abroad (n = 133) is the item "I feel that I'm part of the group in my unit" (M = 4.02, SD = .763). This implies that nurses are highly stressed when they don't have a comfortable and safe workplace, support from colleagues and their manager, opportunities for professional growth, and a sense of belonging. This explains the social networks theory, which is significant in understanding the psychological impact of work-related stress, burnout, and work satisfaction on nurses working abroad and their overall performance as healthcare providers. The more support an individual receives in their new host environment, the better they manage stress and adapt to it, thereby lowering stress-related depression and burnout (Choi et al., 2024).

The lowest indicator of work satisfaction is item "Whenever I do a good job, I receive appropriate recognition" (M = 3.38, SD = 2.127). This implies that receiving appropriate recognition for their good work was not usual. This supports the conclusion of Alahiane et al. (2023) that recognition from superiors is important in maintaining nurses' psychological health, health-related quality of life (HRQOL), and job satisfaction. Therefore, hospital managers should address recognition at work as a potential lever for personal, professional, and organizational development.

Table 4. *Summary of the psychological impact of nurses working abroad*

Statement	M	SD	Verbal Interpretation	Interpretation
Work related stress	3.64	.781	Agree	High Stressed
Burn out	2.97	.821	Neutral	Moderately High
Work satisfaction	3.65	.738	Agree	High Stressed
Overall Mean	3.42	0.78	Neutral	Moderately high

Legend: 5 (4.51–5.00) = Strongly Agree / Very High Stressed; 4 (3.51–4.50) = Agree / High Stressed; 3 (2.51–3.50) = Neutral/Undecided / Moderately High Stressed; 2 (1.51–2.50) = Disagree / Low Stressed; 1 (1.00–1.50) = Strongly Disagree / Very Low Stressed

This section shows the psychological impact of nurses working abroad, including work-related stress, burnout, and work satisfaction. This study of 133 nurses working abroad found that high job demands, poor sleep quality, unclear job descriptions, and the completion of difficult tasks are primary stressors. The psychological impact of nursing abroad is moderately high, with a mean of 3.42. Burnout

is Moderately High Stressed, with a mean of 2.97. Physical symptoms like headaches, fatigue, and constant tiredness are common. The lowest mean was a lack of interest in their current job. The psychological impact of nurses working abroad is High stress, with a mean of 3.65. Nurses feel highly stressed regarding work satisfaction, with the highest level of satisfaction being feeling part of their unit. They prioritize finding a home in their work environment, with support for materials and tools being less important. They struggle with collaboration, feedback, and recognition, feeling unsatisfied and unsupported in their work environment.

Table 4 summarizes the psychological impacts experienced by nurses working abroad. The results indicate that both work-related stress (M = 3.64, SD = .781) and work satisfaction (M = 3.65, SD = .738) were rated as "Agree," reflecting a high psychological impact. These findings suggest that Filipino nurses overseas experience notable levels of job-related stress while simultaneously reporting high levels of work satisfaction, reflecting a complex psychological landscape. In contrast, burnout received a mean score of 2.97 (SD = .821), interpreted as "Neutral/Undecided" and classified as having a moderate impact, suggesting variability in how burnout is perceived or experienced among respondents.

The coexistence of high work satisfaction and work-related stress may reflect the resilience and commitment of Filipino nurses, who often endure demanding conditions while maintaining a strong sense of purpose and professional fulfillment. This duality points to the cultural value of sacrifice for family and duty, often seen in the Filipino concept of pagpapakasakit (self-sacrifice) in the context of overseas work. The moderate perception of burnout may suggest adaptive coping strategies or cultural tendencies to underreport emotional exhaustion.

These findings emphasize the importance of mental health support systems for Filipino nurses abroad. While work satisfaction is a protective factor, persistent work-related stress can lead to long-term health issues if left unaddressed. Institutions employing Filipino nurses should implement holistic wellness programs that include mental health counseling, stress management workshops, and peer support networks. Additionally, promoting open discussions about emotional exhaustion and reducing the stigma surrounding burnout—especially in collectivist cultures where endurance is often valorized—can create healthier, more sustainable work environments for Filipino health workers worldwide.

Problem: What is the level of cultural adjustment of nurses working abroad in terms of language barriers, cultural sensitivity, and interpersonal relationship?

Nurses working abroad encounter varying levels of cultural adjustment, influenced by factors such as language barriers, cultural sensitivity, and interpersonal dynamics. This section discusses the level of cultural adjustment of nurses working abroad, focusing on language barriers, cultural sensitivity, and interpersonal relationships.

Table 5. *Descriptive Statistics on cultural adjustment of nurses working abroad; language barriers*

	Statement	M	SD	Verbal Interpretation	Interpretation
1.	I struggle to communicate effectively during shift handoff due to language barriers.	2.66	1.072	Neutral	Moderately High
2.	I have difficulties in communicating among nurses speaking different languages.	2.64	1.096	Neutral	Moderately High
3.	I can't speak or understand Arabic.	2.57	1.075	Neutral	Moderately High
4.	My language skill makes communication less effective.	2.68	.966	Neutral	Moderately High
5.	I feel embarrassed by my accent or pronunciation when speaking a foreign/ Arabic language.	2.62	1.071	Neutral	Moderately High
6.	I fear being judged by others when I speak Arabic	2.60	1.080	Neutral	Moderately High
7.	I believe language barriers negatively impact the quality of care I provide.	3.08	1.146	Neutral	Moderately High
8.	I need someone to interpret every time I communicate with my patient.	2.65	1.045	Neutral	Moderately High
9.	I believe language barriers have the biggest impact in my daily routine.	2.86	1.142	Neutral	Moderately High
10.	I am engaged in learning Arabic as a means of communication at work.	3.61	.886	Neutral	High
	Overall Mean	2.80	.733	Neutral	Moderately High

Legend: 5 (4.51–5.00) = Strongly Agree / Very High language barriers; 4 (3.51–4.50) = Agree / High language barriers; 3 (2.51–3.50) = Neutral/Undecided / Moderately High language barriers; 2 (1.51–2.50) = Disagree / Low language barriers; 1 (1.00–1.50) = Strongly Disagree / Very Low language barriers

Table 5 shows the descriptive statistics on the level of cultural adjustment of nurses working abroad in terms of language barriers. The data showed that in this aspect, the overall Mean is 2.80 with a descriptive rating of Moderately High language barriers in the level of Cultural adjustment of nurses working abroad (n = 133) in terms of language barrier. Data revealed that language barriers were generally moderately high stress, implying that language barriers cause a moderate to high level of stress for nurses working abroad, particularly in settings where they must communicate with patients and colleagues in a language other than their native. This can impair their capacity to give effective care, contribute to miscommunication, and result in increased stress, worry, and burnout. Language barriers, or linguistic barriers, are common in communication between people who speak the same language due to differences in knowledge and proficiency. These barriers can occur in various aspects of life, from negotiating prices to discussing hotel directions,

affecting communication worldwide (Gurmentor.com, 2024).

Descriptive statistics revealed that the most experienced indicator of cultural adjustment in terms of language barriers was the item, "I am engaged in learning Arabic as a means of communication at work.M = 3.61, SD = .886, with a descriptive rating of high language barrier. This implies that Language barriers are the most common factor, with the most stressed items being learning Arabic and the belief that language barriers negatively impact the quality of care. Windon (2023) explained that working and living in a global society requires the ability to interact with and form relationships with people who are different from oneself. According to her, it is critical to know how to assess one's cultural competence and evaluate one's own cultural behaviours. Globalization and diversity lowered the barriers that once separated cultures both internationally and domestically (Garneau & Pepin, 2015). Thus, learning the language is a necessity to interact and build relations with the clients or the patients and the workforce as a whole.

The lowest Mean is the statement "I can't speak or understand Arabic," (M = 2.57, SD = 1.075), a descriptive rating of Moderately High barrier. This implies that language barriers pose significant challenges for nurses working abroad, affecting communication, patient care, and safety due to differing accents, non-native speech patterns, and specialized medical terminology. In this relation, Sharifi et al. (2019) discussed that one of the main theories of clinical nursing is the cultural competence theory. This included cultural skills, that is, the ability to understand and respect values across cultures. Also, cultural proficiency refers to the policies and procedures within an organization that actively engage. And lastly, dynamic, which is the relationship between two or more people and the way they behave toward each other. And all of these will be possible if one learns the language of the workplace and the community one is serving.

Cultural Sensitivity

Table 6. *Descriptive statistics on the level of cultural adjustment of nurses working abroad; cultural sensitivity*

	Statement	M	SD	Verbal Interpretation	Interpretation
1.	I feel included and accepted in my workplace.	3.95	.700	Agree	High
2.	I wear attire such as scarf that aligns with my workplace's cultural expectations.	4.07	.914	Agree	High
3.	I take time to learn appropriate cultural behavior.	3.53	1.070	Agree	High
4.	I take time to understand my host country's culture norm before arriving.	3.56	.996	Agree	High
5.	I seek knowledge about other cultures, especially those that you encounter often.	4.03	.685	Agree	High
6.	I educate myself continuously about different cultures in my workplace.	4.05	.673	Agree	High
7.	I understand that cultural differences have an impact on a person's behavior.	4.05	.767	Agree	High
8.	I avoid expressions that may not be familiar to others.	3.91	.733	Agree	High
	Overall Mean	3.89	.517	Agree	High

Legend: 5 (4.51–5.00) = Strongly Agree / Very High cultural sensitivity; 4 (3.51–4.50) = Agree / High cultural sensitivity; 3 (2.51–3.50) = Neutral/Undecided / Moderately High cultural sensitivity; 2 (1.51–2.50) = Disagree / Low cultural sensitivity; 1 (1.00–1.50) = Strongly Disagree / Very Low cultural sensitivity

Table 6 presents descriptive statistics on nurses' cultural adjustment levels in terms of cultural sensitivity while working abroad. The data showed that, in this regard, the level of cultural adjustment of nurses working abroad (n = 133) is generally high-stress, with an overall Mean of 3.89. This implies that nurses experience high levels of stress and cultural adjustment when working abroad, particularly in terms of cultural sensitivity. The findings carried out the aim of the transcultural theory, which is to deliver interventions that promote health and assist patients in coping with adverse circumstances. Transcultural nursing examines care within a cultural framework to reconcile knowledge differences between nurses and patients. Diagnosis can help maintain a culture aligned with health objectives, establish a new culture conducive to health, or replace an unsuitable culture with a more appropriate one (Lasmaida et, al. 2024).

The data showed that item "I wear attire such as scarf that aligns with my workplace's cultural expectations" (M = 4.07, SD = .914) topped the cultural adjustment of nurses working abroad. This suggests that nurses working overseas experience greater stress and difficulties with cultural adjustment due to the difficulty of adapting to a new environment and its cultural norms. Sieck (2021) argues the importance of cultural sensitivity in all types of work. He defines this as being aware and accepting of cultural differences, allowing for effective dealing with cross-cultural practices. It's crucial in international working relations, especially in business or government jobs, as studies show that culturally sensitive workers are more effective and competent at negotiation.

The item with the least Mean (M = 3.53 and SD = 1.070) is item "I take time to learn appropriate cultural behavior." The result implies that nurses' time in learning cultural behavior limits their capacity to deliver culturally sensitive treatment, reducing patient satisfaction and perhaps leading to misunderstandings or mistakes. This supports the claim of Larsen and Reif (2011) that it is essential for health care providers to have the confidence to interact with diverse clients and recognize the impact of culture on health care. Immersion experiences allow students to interact with diversity on a variety of levels, to actually experience a culture, and wrestle with the significant ethical issues surrounding health care disparities and social justice. Students completing short-term immersion experiences had greater confidence in their ability to provide culturally competent care than those who completed only culture courses. Educators

need to find more ways to immerse students in diverse cultures and should consider short-term immersion opportunities for all students.

International Relationship

Interpersonal relationships are crucial for nurses, especially those working abroad, as they impact job satisfaction, integration, and the quality of care provided. Table 7 shows the level of cultural adjustment in terms of Interpersonal relationship.

Table 7. *Descriptive Statistics on the Level of Cultural Adjustment of Nurses Working Abroad; Interpersonal Relationships*

	Statement	M	SD	Verbal Interpretation	Interpretation
1.	My coworkers and I have a good relationship.	4.30	.627	Agree	High
2.	I get help and support from my colleagues.	4.12	.718	Agree	High
3.	My coworkers welcome and respect opinions that are different from their own.	3.99	.691	Agree	High
4.	My colleagues are willing to listen to my work-related problems.	3.94	.756	Agree	High
5.	I feel that communication flows within the team and my manager	4.18	3.559	Agree	High
6.	I feel comfortable communicating my ideas and concerns to my colleague and manager	3.79	.826	Agree	High
7.	My Immediate superior is willing to listen to my work-related problems.	3.82	.886	Agree	High
8.	My manager provides support, guidance, and resources to be successful in my work.	3.85	.839	Agree	High
	Overall Mean	3.99	.712	Agree	High

Legend: 5 (4.51–5.00) = Strongly Agree / Very High Interpersonal Relationship; 4 (3.51–4.50) = Agree / High Interpersonal Relationship; 3 (2.51–3.50) = Neutral/Undecided / Moderately High Interpersonal Relationship; 2 (1.51–2.50) = Disagree / Low Interpersonal Relationship; 1 (1.00–1.50) = Strongly Disagree / Very Low Interpersonal Relationship

As shown in Table 7, the descriptive statistics on the level of cultural adjustment of nurses working abroad (n = 133) in terms of international relationships indicate generally high stress, with an overall Mean of 3.99. This implies that nurses working abroad experience high levels of stress during intercultural adjustment, particularly in interpersonal relationships, due to factors such as cultural differences, communication challenges, potential discrimination, and managerial relations.

The data showed that the highest indicator was "My coworkers and I have a good relationship" (M = 4.30, SD = 0.627). These imply that the level of cultural adjustment of the nurses working abroad on interpersonal relations with colleagues is significantly high. Interpersonal relationships are subjective, mutually influencing relationships between people who cooperate and communicate. They vary in terms of origin, stability, duration, and openness. The initiation, maintenance, and termination of these relationships are determined by factors such as individual psychological and typological features and the conditions of interaction (Roman et al., 2020).

Among the items, the one with the lowest mean is item " I feel comfortable communicating my ideas and concerns to my colleague and manager" (M =3.79, SD = .826). The overall Mean, as shown in the table, is 3.99, indicating that the level of cultural adjustment of nurses working abroad is High Interpersonal Relationship. In this regard, Patigayon et al. (2025) found in their study that the Theory of Work Adjustment (Dawis, England, & Lofquist, 1964) supports the alignment of individual and organizational values as a basis for job satisfaction and performance, as evidenced in the nurses' value congruence. Additionally, the study aligns with the Interprofessional Collaboration Theory (D'Amour, 2005), highlighting shared goals, mutual respect, and autonomy as foundations of effective collaboration. Together, these insights underscore the importance of cultivating a values-driven, inclusive, and communicative environment to sustain intergenerational collaboration and quality patient care.

Table 8. *Summary of the cultural adjustment of nurses working abroad*

Statement	M	SD	Verbal Interpretation	Interpretation
Language barriers	2.80	.733	Neutral	Moderately High
Cultural sensitivity,	3.89	.517	Agree	High
Interpersonal relationship	3.99	.712	Agree	High

Legend: 5 (4.51–5.00) = Strongly Agree / Very High Stressed; 4 (3.51–4.50) = Agree / High Stressed; 3 (2.51–3.50) = Neutral/Undecided / Moderately High Stressed; 2 (1.51–2.50) = Disagree / Low Stressed; 1 (1.00–1.50) = Strongly Disagree / Very Low Stressed

Table 8 presents the summary of cultural adjustment experienced by nurses working abroad. Among the three cultural factors, interpersonal relationships received the highest mean score (M = 3.99, SD = .712), followed closely by cultural sensitivity (M = 3.89, SD = .517), both of which were interpreted as "Agree" and classified as high conservative interpretation. These findings suggest that Filipino nurses generally perceive themselves as culturally adaptable and sensitive in managing interpersonal interactions and cross-cultural dynamics in foreign healthcare settings. In contrast, language barriers received a lower mean score (M = 2.80, SD = .733), interpreted as "Neutral/Undecided" and categorized as moderately conservative, indicating a more variable or uncertain perception in managing linguistic challenges. These results align with Filipino cultural values that emphasize interpersonal harmony, adaptability, and social cohesion, such as pakikisama (getting along with others) and kapwa (shared identity). The high scores on cultural sensitivity and interpersonal relationships may reflect Filipino nurses' capacity to integrate effectively into diverse healthcare teams, which is essential for delivering patient-centered care in multicultural contexts. However, the neutral stance on language barriers points to a concern that may hinder full integration and performance.

To enhance the global competence of Filipino nurses, especially those assigned abroad, language and communication training should

be prioritized, both pre-deployment and during tenure. Healthcare institutions should support continuing education on medical language proficiency and intercultural communication. Furthermore, leveraging Filipino nurses' strong interpersonal and cultural sensitivity can foster inclusive workplace cultures. Embedding Filipino cultural strengths in orientation programs and international partnerships may help mitigate adjustment stress and reinforce their role as effective global health workers.

Problem 3. What is the level of performance among nurses working abroad?

Table 9. *Descriptive Statistics on the level of performance of nurses working abroad*

	Statement	M	SD	Verbal Interpretation	Interpretation
1.	The goals and strategies of my organization support our professional growth and success.	3.84	.869	Agree	High
2.	The leaders of my organization have communicated a vision that motivates me.	3.73	.922	Agree	High
3.	My Initial evaluation within 3 months motivates me.	4.19	3.646	Agree	High
4.	4. My Evaluation within 6 months keeps me going to pursue my work.	3.84	.815	Agree	High
5.	My annual performance appraisal reflects my dedication and hard work.	3.84	.952	Agree	High
6.	I receive a reward at any means from my manager based on Performance evaluation.	3.18	1.167	Neutral	Moderately High
	Overall Mean	3.77	.946	Agree	High

Legend: 5 (4.51–5.00) = Strongly Agree / Very High Performance; 4 (3.51–4.50) = Agree / High Performance; 3 (2.51–3.50) = Neutral/Undecided / Moderately High Performance; 2 (1.51–2.50) = Disagree / Low Performance; 1 (1.00–1.50) = Strongly Disagree / Very Low Performance

In this section, the performance of nurses working abroad is discussed. Daba, et.al.'s (2024) study found that nurses' performance is influenced by workload, remuneration, rewards, objectives, and feedback on performance appraisals. They suggests hospitals should implement systems that effectively utilize performance appraisal results and recognize and encourage hardworking nurses.

Table 9 shows that the descriptive statistics for performance among nurses working abroad (n = 133) are generally high, with an overall Mean of 3.77. This implies that performance evaluation, performance appraisal, and professional growth are highly stressed for nurses working abroad, as they are seen as measures of their performance. This implies the need for support from their working environment for nurses' professional growth. This supports the findings of Jaber et al. (2024) that underscore the significant impact of inappropriate PA systems, inefficient instruments, and unskilled evaluators on organizational commitment, job satisfaction, maintaining a committed nursing workforce, and high-quality healthcare. The study also highlights the importance of effective performance appraisal systems in healthcare organizations.

As can be gleaned from the table, the data revealed that the highest indicator is item "My Initial evaluation within 3 months motivates me" (M = 4.19, SD = 3.646), This implies that although rewards seemed to be a factor in improving their performance, nurses also get stressed in terms of evaluation and rating of their performance. Senanayake (2025) claims that nurse work commitment is enhanced when there are intrinsic rewards. The item that got the lowest Mean is "I receive a reward at any means from my manager based on Performance evaluation" (M = 3.18, SD = 1.167). Beza et al. (2024) claim that several key factors, including workload, remuneration, rewards, objectives, and feedback from performance appraisals influence nurses' performance. Our findings call for improving nurses' job performance; therefore, hospitals should consider implementing systems that effectively utilize performance appraisal results and recognize and encourage hardworking nurses.

Problem 4. Is there a significant Relationship between the Level of Performance and the Psychological Impact and Cultural Adjustment of Nurses Working Abroad?

Table 10. *Correlations between the level of performance, psychological impact and cultural adjustment of nurses working abroad | n=133*

Factors	Performance		Interpretation/Remarks
	R	P	
Psychological Impact			
Work-Related Stress	- .165	.058	Not Significant
Burnout	- .117	.178	Not Significant
Work Satisfaction	.408**	.000	Significant
Cultural Adjustment			
Language Barriers	.004	.967	Not Significant
Cultural Sensitivity	.229**	.008	Significant
Interpersonal Relationship	.360**	.000	Significant

**. Correlation is significant at the 0.01 level (2-tailed)

This part presents the data analysis and implications of the problem. Is there a significant relationship between the level of performance and the psychological impact and cultural adjustment of nurses working abroad? Table 10 presents the correlations among performance level, psychological impact, and cultural adjustment among nurses working abroad. A Pearson product-moment correlation was

conducted to examine the relationships between performance and the psychological impact and cultural adjustment of nurses working abroad (n = 133). Results indicated that work satisfaction was significantly and positively correlated with performance, r = 408, p < .000, suggesting that higher work satisfaction is associated with higher levels of performance. While, work-related stress (r = –.165, p = .058) and burnout (r = –.12, p = .178) were not significantly correlated with performance.

In terms of cultural adjustment, cultural sensitivity (r = .229, p = .008) and interpersonal relationships (r = .360, p < .000) showed significant positive correlations with performance, indicating that nurses with higher levels of these cultural competencies tend to perform better. However, language barriers (r = .004, p = .967) did not show a meaningful correlation, despite the statistically significant p-value, likely due to the large sample size and minimal effect size.

These findings suggest that enhancing work satisfaction and improving cultural sensitivity and interpersonal relationships may be key to improving the performance of nurses working abroad. Interventions and training programs that focus on these areas may lead to more effective and adaptive international nursing practice.

The findings support the claim of Wang et al. (2023) that colleague solidarity and positive emotion were positively associated with job performance. Their study results indicated that positive emotion and turnover intention mediate this relationship, respectively, and that positive emotion and turnover intention jointly mediate the chain. They concluded that dynamic, multiple supportive strategies are needed for nurse managers to improve nursing job performance by enhancing colleague solidarity and positive emotion, and decreasing turnover intention, based on the job demand-resource model.

This research's findings might be viewed in light of Wang and company's (2023) study, which found that job satisfaction, as measured by positive feelings connected to job performance, denotes a pleasant emotional state resulting from one's work experience. This positive emotional experience can be ascribed to a range of factors, including job duties, working conditions, and career chances. It represents an individual's work satisfaction and general pleasure.

On the other hand, Daba et al. (2024) concluded from their study that several key factors, including workload, remuneration, rewards, objectives, and feedback from performance appraisals, influence nurses' performance. These findings call for improving nurses' job performance; therefore, hospitals should consider implementing systems that effectively utilize performance appraisal results and recognize and encourage hardworking nurses. Furthermore, this study found that performance appraisal was one of the causes of high stress among nurses working abroad, suggesting that their performance ratings were perceived as important to them, even though they caused stress and affected their job performance as healthcare providers.

Problem 5. Which of the variables, singly or in combination predict the best variable?

This portion of the study presents the data analysis for problem 5, whether a single variable or in combination, to predict nurses' performance levels. Table 11 shows the regression analysis on psychological impact, cultural adjustment and level of performance on nurses.

Table 11. *Regression analysis of psychological impact, cultural adjustment, and level of performance*

Predictors	Unstandardized Coefficient B	SEB	Standard Coefficient &	t	p	Tolerance
Intercept (Constant)	.035	.875	-	-.040	.000	-
Psychological Impact						
Work-related stress	-.181	.130	-.149	-1.393	.166	.525
Burnout	.219	.135	.190	1.621	.107	.441
Work Satisfaction	.445	.140	.347	3.176	.002	.507
Cultural Adjustment						
Language Barriers	.111	.118	.086	.944	.347	.722
Cultural Sensitivity	.236	.152	.129	1.547	.124	.872
Interpersonal Relationship	.241	.129	.181	1.872	.063	.644

Legend: R^2 = .239 (p < .05); F-value = 6.584; p-value = 0.000. Dependent Variable: Performance of Nurses.

The regression analysis revealed that among the psychological and cultural variables examined, work satisfaction was the only statistically significant predictor of nurse performance (β = .347, p = .002), with a substantial positive impact. Work satisfaction significantly predicts nurse performance, with higher satisfaction associated with better performance. This is the strongest predictor in the model.

Although burnout (β = .190, p = .107) and interpersonal relationships (β = .181, p = .063) indicated positive trends, their effects were not statistically significant at the .05 level. Cultural variables such as language barriers and cultural sensitivity did not significantly predict performance. The overall model was significant (F (6, 126) = 6.584, p < .001), explaining 23.9% of the variance in nurse performance, indicating a moderate model fit. Among all predictors, work satisfaction is the only statistically significant variable influencing nurse performance. This suggests that improving job satisfaction should be a priority for enhancing performance outcomes. Interpersonal relationships also show promise and may become significant with further study or a larger sample.

The findings indicate that work satisfaction is a key determinant of nurse performance. Ensuring that nurses feel valued, supported, and fulfilled in their roles can directly enhance their work output and quality of care. Although other factors, such as interpersonal relationships and aspects of cultural adaptation, did not show strong statistical effects, their practical importance should not be dismissed.

Healthcare institutions should prioritize strategies that enhance job satisfaction—such as recognizing achievements, providing career development opportunities, and promoting a healthy work-life balance—as part of broader efforts to improve nursing performance and, ultimately, patient outcomes. These findings suggest that psychological well-being, particularly job satisfaction, plays a crucial role in improving nurses' performance. For Filipino nurses working abroad, this underscores the need for supportive work environments that promote satisfaction through recognition, fair workload distribution, and career growth opportunities. Furthermore, while Cultural adaptation factors did not significantly predict performance in this study, the near-significant influence of interpersonal relationships suggests that relational dynamics in multicultural healthcare settings remain important.

These findings have notable implications for practices and culture among Filipino nurses deployed internationally. These results highlight the value of strengthening internal psychological resources and institutional support systems. Host institutions should consider implementing programs that foster job satisfaction, such as mentorship initiatives, inclusion in decision-making, and wellness programs tailored to migrant health workers. Additionally, although cultural factors were not statistically significant, the importance of interpersonal harmony aligns with Filipino cultural values such as pakikisama (getting along with others) and bayanihan (community spirit), which can be harnessed to promote team cohesion and job fulfillment. Culturally responsive leadership that respects these values may further enhance the performance and well-being of Filipino nurses abroad.

This supports the claim of Wang et al. (2023) that numerous factors contribute to nurses' job satisfaction, including age, sex, supervisor, job position, and hospital retirement plan. The intention to leave is linked to nurses' turnover behavior, which harms hospital management by influencing the quality of care. Foreign-educated nurses' intentions to leave include not only leaving the organization or profession but also returning to their countries of origin. The turnover of foreign-educated nurses harms employers, especially short-term turnover, which can increase the cost of human resources in hospitals.

On the other hand, Daba et al. (2024) concluded from their study that although most nurses rated their job performance as good, a relevant proportion rated it as poor. The findings of their study identified that several key factors, including workload, remuneration, rewards, objectives, and feedback on performance appraisals, influence nurses' performance. These findings call for improving nurses' job performance; therefore, hospitals should consider implementing systems that effectively utilize performance appraisal results and recognize and encourage hardworking nurses.

Finally, Gunes and Gunaydin (2024) mentioned that the nurses reported a moderate intention to migrate and a moderate to high level of fear of violence and psychological well-being. Fear of violence is positively associated with the intention to migrate. Mediation analyses indicated that the association between fear of violence and intention to migrate was mediated by psychological well-being. The fear among nurses of being exposed to violence increases their intention to migrate. However, high psychological well-being can reduce this intention. Its implications for nursing policy are that nursing managers, policymakers, and decision-makers need to take serious precautions against the fear of violence in the future and make necessary improvements for nurses who witness violence. To achieve this, it can begin by focusing on each nurse's psychological well-being.

Conclusions

The finding is that work satisfaction significantly correlates with performance, suggesting that higher satisfaction leads to higher performance levels. However, work-related stress and burnout were not significantly correlated with performance, suggesting that these factors may impact the psychological impact and cultural adjustment of nurses working abroad. Therefore, it is concluded that there is a significant relationship between performance, psychological impact, and cultural adjustment among nurses working abroad.

Further, it is also found that work satisfaction is the only significant predictor of nurse performance among psychological and cultural variables. It significantly affects nurse performance, with burnout and interpersonal relationships showing positive but nonsignificant trends. Cultural variables such as language barriers and cultural sensitivity do not significantly affect performance. Supportive work environments, recognition, fair workload distribution, and career growth opportunities are crucial for non-Arab nurses working abroad; therefore, it is not true that there is a single variable, or combination of variables, that best predicts the best variable.

The Philippine Department of Labor and Employment (DOLE) may seriously consider the unique challenges faced by migrant nurses, inform policy development, and improve support systems. That DOLE may consider the identified stressors, proposed development of targeted support, ways to improve patient care, and promotion. Overseas Workers Welfare Administration (OWWA) may use this information for its welfare programs and policies for overseas nurse workers. Understanding these challenges and needs may enable OWWA to develop programs and services that address them, such as counseling, support groups, and mental health care resources. Hospital Administration may be aware of nurses' coping strategies and protective factors to guide and assist in the development of targeted interventions and support programs for nurses. The results of studies also may guide the creation of evidence-based plans to nurses' well-being, lessen burnout, and may solve the worldwide nursing shortage, all of which can make hospital management more

successful and efficient.

The Nursing Service Department may give serious consideration to the findings on the impact of psychological well-being and cultural adjustment on nurses working abroad to enhance patient care, retention, and workforce stability. Understanding challenges such as acculturation difficulties and workplace stressors can help tailor support and interventions to improve nurses' performance. Nurses who work overseas may learn to look after their health by avoiding stress and burnout, which can impair their ability to focus, make mistakes, and show empathy, all of which can have a detrimental effect on patient outcomes. Nurses working abroad may face unique stressors, such as language barriers, cultural differences, and isolation. Patients. The patient's needs may come first in everything. Implementing effective strategies may be essential to ensure all patients receive equitable, safe, and patient-centered care. Hence, may receive quality and safe nursing care. Future researchers may encourage the conduct of longitudinal studies that monitor nurses' experiences over time, from pre-departure through the duration of their assignments abroad. This may offer a deeper understanding of the dynamic processes of psychological adjustment, cultural integration, and performance evolution.

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