Work-Life Balance among Filipino Nurses in Micronesia: A Global Perspective on Professional Demands, Personal Satisfaction, and Cultural Influences

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ABSTRACT

This study examined the work-life balance of Filipino nurses in Micronesia by analyzing the intersection of professional demands, personal satisfaction, and cultural influences. Using a descriptive-correlational design, the research explored how clinical workloads and traditional values impact the well-being of these expatriate healthcare professionals. The findings uncovered a distinct "Work-Life Balance Paradox." While the nurses reported high satisfaction with their work environment, compensation, and professional development, their actual achievement of a healthy work-life balance was significantly low. Statistical analysis revealed that a heavy Workload and high Responsibilities are the primary factors eroding professional satisfaction. Specifically, as workload increases, satisfaction with the workplace and compensation decreases. Interestingly, the study found that professional expectations did not negatively impact satisfaction, suggesting they are viewed as manageable professional standards. Culturally, while Beliefs and Social Norms provide strong community support, traditional values like Hiya (saving face) and Utang na Loob (gratitude) create internal pressures. These values often prevent nurses from seeking help or setting boundaries, leading to emotional exhaustion. Notably, work-life balance showed no significant statistical link to clinical tasks or cultural factors alone, indicating that the struggle for balance is a complex issue requiring more than just schedule adjustments. The recommendation study proposes Project KALINGA, a holistic intervention program. This program focuses on structural resilience through acuity-based staffing, cultural assertiveness training to mitigate Hiya, and psychological detachment protocols to protect "off-duty" time. The study concludes that achieving true work-life balance for migrant nurses requires a shift from individual resilience to institutionalized, culturally-sensitive support systems that prioritize the nurse's humanity alongside their professional clinical excellence.

Keywords: Work-Life Balance, Filipino Nurses, Micronesia, Professional Demands, Personal Satisfaction, Cultural Influences, and Migrant Healthcare Workers

INTRODUCTION

Work-life balance represents the equilibrium between professional responsibilities and personal life, encompassing family, leisure, and self-care (Widayana et al., 2025). In an ideal scenario, individuals meet their career obligations while pursuing fulfilling personal growth and maintaining healthy relationships (Hussain et al., 2025). For nurses, this balance is a critical yet challenging aspect of their professional existence, as the healthcare sector demands high levels of dedication, often involving shift work, on-call hours, and high-pressure situations (Chiminelli- Tomás et al., 2025). Without proper intervention, the long hours and emotional toll of patient care can lead to burnout and fatigue (Alibudbud, 2023). This study explores the intersection of professional demands, personal satisfaction, and cultural influences as the primary drivers of work- life balance for Filipino nurses working in Micronesia.

Background of the Study

In the context of this study, professional demands encompass the workload, expectations, and unique responsibilities that Filipino nurses face in their daily practice within Micronesian healthcare systems. Moving

beyond general definitions, these nurses encounter a specific set of pressures, including adapting to different administrative duties and meeting international institutional standards in a resource-limited island environment (DeCola & Riggins, 2020). The high professional demands in Palau, characterized by long working hours and the need for multitasking, test the physical endurance and time management of these expatriates. This intense work environment directly influences their ability to maintain a healthy balance, as higher professional strain often correlates with reduced personal time and increased stress levels. Personal satisfaction for Filipino nurses in Micronesia is defined by the sense of fulfillment and purpose derived from their work-life integration abroad. While general satisfaction involves emotional well-being and professional achievement, these nurses specifically find fulfillment in the opportunity to provide quality care in a global setting and the financial rewards that support their families in the Philippines (Medeni et al., 2025). However, the expatriate experience creates a complex dynamic where career advancement must be weighed against the emotional toll of being away from home. When these nurses perceive that their work is meaningful and their personal goals are supported, they achieve a healthier work-life balance; conversely, low satisfaction in this specific geographic context can lead to homesickness or disengagement. Cultural influences play an essential role in shaping how Filipino nurses perceive and manage their roles, as they bring deeply rooted values such as pakikisama (harmonious relationships), collectivism, and a strong family orientation to the Micronesian workforce (Balante et al., 2021). These cultural traits often dictate how nurses interact with patients and colleagues, but they can also create conflict when the nurse's sense of duty to others outweighs their commitment to self-care. As they adjust to the multicultural setting of Palau, these nurses must exercise cultural flexibility to navigate the intersection of their Filipino background with local Micronesian customs (Imperial et al., 2024). These cultural dynamics are crucial, as they determine how the nurse prioritizes professional responsibilities against personal and social obligations in a foreign land.

Theoretical Framework

This study employed a theoretical framework based on Sister Callista Roy's Adaptation Model. This framework is utilized to understand the global perspective on professional demands, personal satisfaction, and cultural influences of Filipino nurses working in Micronesia in attaining work-life balance. Roy's Adaptation Model posits that individuals continuously interact with their environment and must adapt to the internal and external stimuli they encounter to maintain work-life balance.

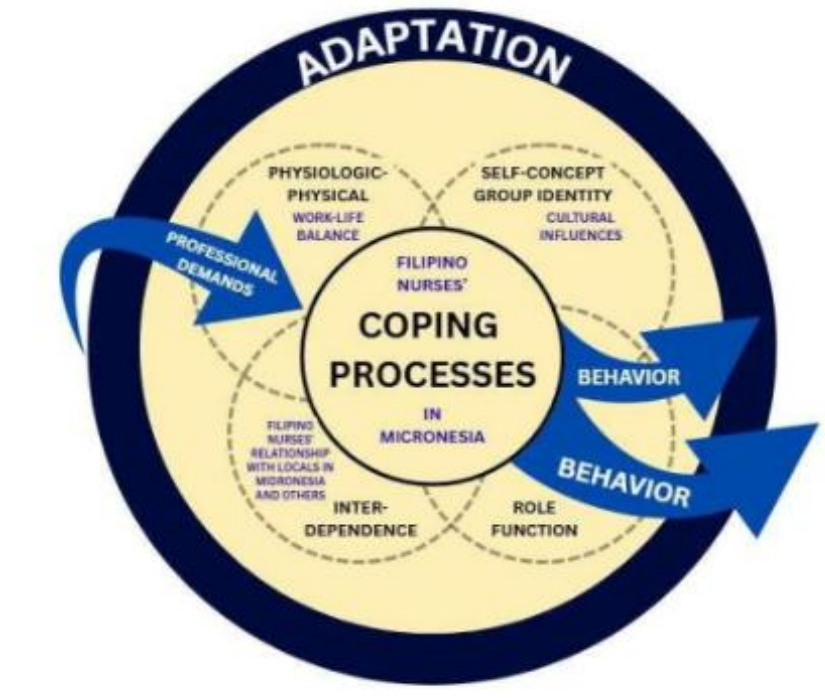


Figure 1: ***Adaptation Theory by Sister Callista Roy***

This model is built on the idea that individuals are constantly responding to environmental demands, whether physical, psychological, or social, and need to develop adaptive responses to maintain a sense of balance. For

Filipino nurses in Micronesia, these environmental demands come in the form of high professional workloads, emotional demands from nursing duties, cultural differences, and being far from their families. In this study, the professional demands of the nursing profession, such as long working hours and the emotional strain of being a nurse, represent the environmental stimuli that Filipino nurses must adapt to.

According to Roy's model, these nurses must develop adaptive coping mechanisms, such as time management, seeking social support, or developing personal resilience, to manage the stress and pressures inherent in their work. The model helps to explain how Filipino nurses must continuously adjust their behaviors, strategies, and emotional responses to handle the workload while maintaining their personal satisfaction. Roy's model also emphasizes the importance of the personal system, which involves an individual's values, beliefs, and coping resources. In the case of Filipino nurses, their cultural values, such as family orientation, communal responsibility, and bayanihan (helping others), serve as internal resources to help them navigate the challenges of working in a foreign setting. However, these cultural values might also create tension when they clash with the more individualistic work culture in Micronesia.

Roy's Adaptation Model helps explain how these nurses adapt to cultural differences and find a balance between their cultural norms and the professional demands of their work. Their ability to adapt in this context directly influences their personal satisfaction, career fulfillment, and emotional well-being. Furthermore, Roy's model also underscores the role of the nursing profession as part of the nurses' adaptive responses, highlighting the importance of providing proper support, resources, and policies to aid in their adaptation process. As the study explores, understanding these adaptive responses is crucial for improving the well-being of Filipino nurses in Micronesia, as it can inform strategies for creating more supportive work environments that promote work-life balance. Roy's Adaptation Model offers a lens through which to understand how Filipino nurses in Micronesia respond to the professional demands, personal satisfaction, and cultural influences in their work in attaining work-life balance. It emphasizes the dynamic process of adaptation, where nurses must continually evolve to meet both external demands and internal needs, thereby maintaining a work-life balance and fulfilling life while navigating the complexities of working abroad.

Conceptual Framework

The researcher drafted the conceptual framework to support the study about work- life balance among Filipino nurses in Micronesia: A global perspective on professional demands, personal satisfaction, and cultural influences. This structure helped to define our focus and gave the overall study an ordered method for perceiving key elements, such as factors, and their connections. This framework clarified the study's focus and provided a structured approach for understanding the critical factors and their interrelationships. The Input-Process-Outcome (IPO) framework, as referenced by Mansikka et al. (2023) and originally developed by Harris and Taylor, was utilized. The objective of the IPO model is to treat the process as a flow or chain of linked stages, where each phase is defined by certain inputs and provides specific outputs. This structure gave the researcher a clear guide on how to streamline important details and helped the researcher cover all bases.

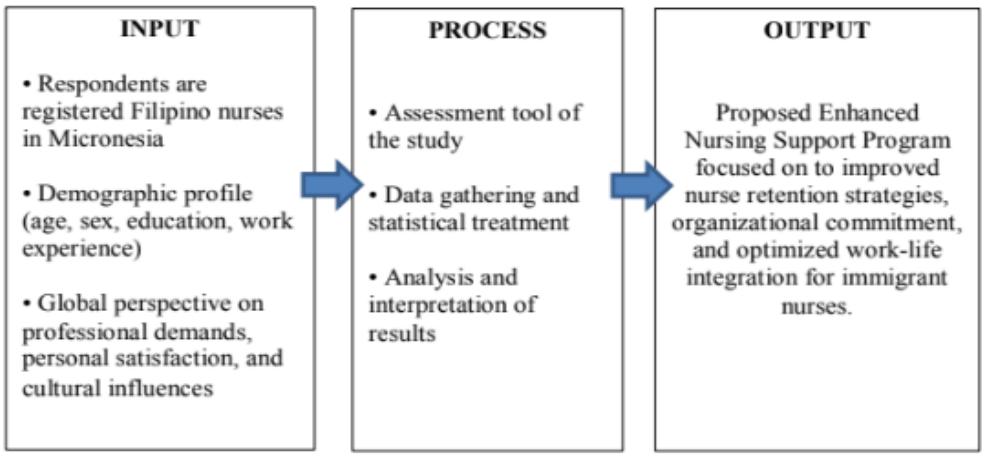


Figure 2: ***Conceptual Paradigm***

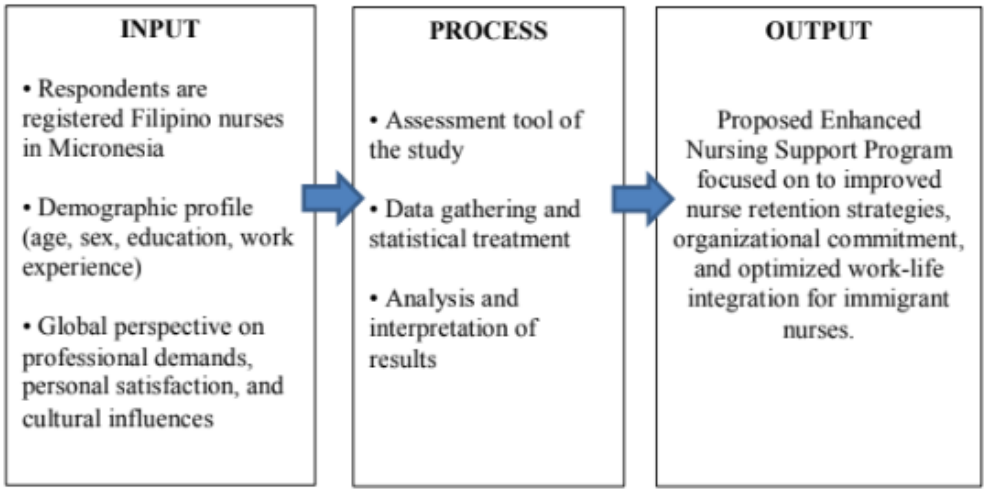


Figure 2: ***Conceptual Paradigm***

Figure 2 shows an integration of the relevant research variables into the IPO framework enabling the development of the proposed paradigm for this study. The researcher utilized the Input-Process-Outcome (IPO) framework to provide a structured approach to understanding the interrelationships between professional demands, satisfaction, and culture. The **Input** includes the profile of the registered Filipino nurses in Micronesia and the assessment of their perspectives regarding professional demands, personal satisfaction, and cultural influences. The **Process** involves the systematic flow of data gathering, statistical treatment, and the subsequent analysis and interpretation of the nurses' responses. The **Output** rather than a broad administrative goal, the output is a Proposed Enhanced Nursing Support Program. This program is specifically designed to address the unique needs identified in the study, aiming INPUT Respondents are registered Filipino nurses in Micronesia Demographic profile (age, sex, education, work experience) Global perspective on professional demands, personal satisfaction, and cultural influences PROCESS Assessment tool of the study Data gathering and statistical treatment Analysis and interpretation of results OUTPUT Proposed Enhanced Nursing Support Program focused on to improved nurse retention strategies, organizational commitment, and optimized work-life integration for immigrant nurses. to improve nurse retention in Micronesia, foster stronger organizational commitment, and ensure the long-term well-being and work-life integration of Filipino nurses working abroad.

Statement of the Problem

This study will have a comprehensive assessment of the work-life balance among Filipino nurses in Micronesia, as a global perspective on professional demands, personal satisfaction, and cultural influences.

Specifically, this study sought to investigate the following questions:

1. What is the level of professional demands as perceived by Filipino nurses in Micronesia in terms of

a. Workload

b. Expectations

c. Responsibilities

2. What is the level of personal satisfaction as perceived by Filipino nurses in Micronesia in terms of:

a. Work environment

b. Compensation

c. Professional Development

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d. Work-life balance

3. What is the level of cultural influences as perceived by Filipino nurses in Micronesia in terms of:

a. Beliefs

b. Values

c. Social norms

4. Is there a significant relationship between the professional demands and personal satisfaction as perceived by the Filipino nurses in Micronesia?

5. Is there a significant relationship between the cultural influences and personal satisfaction as perceived by the Filipino nurses in Micronesia?

6. What nursing program can be drafted to promote work-life balance of Filipino nurses in Micronesia, based on the findings of the current study?

Hypotheses

The null hypotheses that are statistically tested for this study are:

HO1: There is no significant relationship between the professional demands and personal satisfaction as perceived by the Filipino nurses in Micronesia.

HO2: There is no significant relationship between the cultural influences and personal satisfaction as perceived by the Filipino nurses in Micronesia

Scope and Limitation

The present study, employing a Descriptive Correlational Research Design, provides a comprehensive assessment of the work-life balance among Filipino registered nurses in Micronesia. The study will specifically investigate the relationship between professional demands, personal satisfaction, and cultural influences as they relate to work-life balance.

The primary purpose of this study is to investigate the degree and direction of correlation among these variables and based on the findings, to formulate a targeted nursing program "Balancing Care and Life" designed to support and improve the work-life balance of Filipino nurses in the locale. The study is limited to Filipino registered nurses who are currently working clinically under contract in the health institutions within the defined locale. A random sampling technique will be used to select participants from this population.

The data collection will be strictly conducted on the island of Palau, Micronesia. The respondents are drawn from various healthcare institutions in Palau, including hospitals, clinics, rehabilitation centers, and long-term care facilities. The assessment tool is delimited to a researcher-made questionnaire. The validation process for this tool is specifically limited to four experts: one psychometrician, one grammarian with verification credentials, and three (3) licensed nurses holding with/without Master of Arts in Nursing. The collection and analysis of data will be completed during the second semester of the Academic Year 2025-2026 to capture their current experiences.

Significance of the Study

The significance of the study "Work-life balance among Filipino nurses in Micronesia: a global perspective on professional demands, personal satisfaction, and cultural influences" extends to a wide range of stakeholders within the healthcare delivery system:

Filipino Nurses in Micronesia: This study is significant as it provides valuable insights into the challenges they face in balancing professional demands with personal well-being or attaining work-life balance. Understanding the factors that influence work- life balance can help these nurses develop effective coping strategies. The findings can empower Filipino nurses to advocate for better support systems, improve their work-life balance, and enhance their overall well-being, both professionally and personally. 9

Aspiring Nurses to work in Micronesia: Aspiring Filipino nurses who wish to work in Micronesia will benefit from the study's findings by gaining a realistic understanding of the professional and personal challenges they may encounter. The study highlights the importance of work-life balance and provides a glimpse into the unique cultural dynamics of working abroad. With this information, aspiring nurses can better prepare for their roles in foreign healthcare settings and make informed decisions about their careers, knowing what to expect and how to navigate the professional 18 demands and cultural influences of the region.

Nursing Administration: Nursing administrators in both the Philippines and Micronesia will find this study useful in improving the support structures and policies for Filipino nurses working abroad. By understanding the professional demands faced by nurses, administrators can implement targeted interventions that prioritize work-life balance of Filipino nurses. The study can help create more supportive work environments that promote job satisfaction, reduce burnout, and improve the quality of care provided by Filipino nurses in Micronesia.

Hospital/Institution: Healthcare institutions in Micronesia and other global settings can use this study to better understand the importance of work-life balance in maintaining a productive and motivated nursing workforce. This study unfolds the needs of Filipino nurses in attaining work- life balance, and institutions can foster a positive work environment, reduce turnover, and enhance the overall effectiveness of healthcare delivery in their facilities.

Future Researchers: This study is significant for other researchers exploring the work-life balance of healthcare professionals, particularly in international contexts. It contributes to the growing body of literature on the challenges faced by expatriate healthcare workers, with a focus on Filipino nurses. The research opens avenues for further studies into cross-cultural issues, nursing satisfaction, and the impact of work-life balance on healthcare outcomes.

Definition of Terms

In this study the following terms have been defined operationally:

Cultural Influences. It pertains to the beliefs, values, and social norms that shape how Filipino nurses in Micronesia perceive and manage work-life balance.

Years of Working as a Nurse in Micronesia. This provides a framework for understanding the development of nursing skills and expertise over time while Filipino nurses worked in Micronesia. The following categories are used in this study: Novice Stage: 0 – 1 year of experience. Advanced Beginner Stage: 1 – 2 years of experience. Competent Stage: 2 to 5 years of experience. Proficient Stage: 5 to 10 years of experience. Expert Stage: more than 10 years of experience.

Personal Satisfaction. It refers to the sense of fulfillment, happiness, and purpose that Filipino nurses derive from their work and personal lives while living abroad. It involves feelings of professional achievement, recognition, emotional well-being, and harmony between personal and professional roles.

Professional Demands. It refers to the workload, expectations, and responsibilities that Filipino nurses in Micronesia face in their daily practice. These include long working hours, emotional strain of the nursing profession, multitasking between patient care and administrative duties, adapting to different healthcare systems, and meeting institutional standards for performance and patient outcomes.

Work-life Balance. It refers to the equilibrium between the time and energy dedicated to work-related responsibilities of Filipino nurses in Micronesia, and the time allocated to personal life, including family, leisure, and self-care.

REVIEW OF RELATED LITERATURE & STUDIES

This chapter provides an overview of the related literature and studies about the study, "Work-life Balance among Filipino Nurses in Micronesia: A Global Perspective on Professional Demands, Personal Satisfaction, and Cultural Influences." It is essential to provide an outline for the case study, highlighting the main topics discussed in this study.

Importance of Work-Life Balance of Filipino Nurses Working Abroad

Work-life balance is a critical factor influencing the well-being, job satisfaction, and retention of nurses. Maintaining a healthy balance between professional responsibilities and personal life is essential for mitigating stress and preventing burnout among nurses. Research has consistently shown that when nurses experience a poor work-life balance, it can lead to increased levels of burnout, emotional exhaustion, and job dissatisfaction. A study by Widayana et al. (2025) highlighted that chronic work-life imbalance is linked to long-term physical and emotional exhaustion among nurses, emphasizing the need for effective work-life balance strategies in healthcare settings. Furthermore, the work environment plays a significant role in shaping nurses' work-life balance. Chiminelli- Tomás et al. (2025) found that the professional nursing environment impacts the risk of burnout and work engagement, suggesting that supportive work environments are crucial for promoting a healthy work-life balance.

Similarly, AbdELhay et al. (2025) identified that work-life balance is a strong predictor of nurse retention, indicating that organizations prioritizing work-life balance are more likely to retain their nursing staff. In addition to organizational factors, individual aspects such as job satisfaction and mental health significantly influence nurses' work-life balance. Medeni et al. (2025) reported that job satisfaction is strongly associated with life satisfaction among nurses, suggesting that enhancing job satisfaction can improve overall well-being and work-life balance. Moreover, Buivydienė et al. (2025) found that depression, anxiety, and stress negatively affect job satisfaction, highlighting the importance of addressing mental health to promote a healthy work-life balance. Collectively, these studies underscore the multifaceted nature of work-life balance in nursing. They demonstrate that achieving a healthy work-life balance requires a combination of supportive work environments, organizational policies, and attention to individual well-being. The importance of work-life balance for Filipino nurses working abroad is a critical factor influencing their well-being, job satisfaction, and retention in the healthcare workforce. Maintaining a healthy balance between professional responsibilities and personal life is essential for mitigating stress and preventing burnout among nurses. Research conducted in Abu Dhabi revealed that Filipino nurses reported a relatively low level of burnout, attributing this to moderate organizational support, particularly in areas such as training, conflict resolution, and workload management. The study highlighted that a positive work-life balance was associated with lower emotional exhaustion and depersonalization, underscoring the significance of institutional support in enhancing nurses' overall well-being (Ubas, 2025).

Additionally, a study comparing job satisfaction among Filipino nurses in the Philippines and Saudi Arabia found that those working in Saudi Arabia experienced higher job satisfaction. The primary differentiators included better compensation and institutional support, indicating that external factors significantly impact nurses' contentment and work-life balance (Delos Santos et al., 2025). Furthermore, a study focusing on Filipino nurses in Cebu City identified that perceived organizational support positively correlated with work-life balance, while task load negatively affected it. This finding emphasizes the role of supportive work environments and manageable workloads in promoting a healthy balance between work and personal life (Granada, 2025). Collectively, these studies highlight that work-life balance is not solely an individual concern but is significantly influenced by organizational practices and support systems. For Filipino nurses working abroad, achieving a balance between professional demands and personal life is crucial for sustaining their health, job satisfaction, and long-term retention in the healthcare sector.

Challenges Related to Attaining Work-life Balance of Nurses

One major factor hindering work-life balance is the demanding nature of shift work and the high workload that nurses face daily. The 24-hour shift system and continuous high patient loads are key factors that lead to fatigue and stress among nurses. These conditions contribute significantly to their work-life imbalance, as they often have to sacrifice their personal time for professional responsibilities. As a result, nurses experience physical and mental exhaustion, which can lead to a decrease in job satisfaction and the quality of care provided to patients (Gribben & Semple, 2021). Moreover, the issue of burnout is another significant barrier to achieving work-life balance for nurses. A study conducted by Ali et al. (2023) found that nurses experiencing burnout reported lower job satisfaction and higher levels of stress, which negatively impacted their professional performance. Nurses who had access to work-life balance programs reported significantly lower burnout levels and higher job satisfaction. This highlights the importance of addressing burnout and providing sufficient support through work-life balance initiatives. When nurses feel supported, their ability to manage the demands of their job improves, resulting in better outcomes for both their well-being and patient care. In addition to workload and burnout, leadership and organizational support play a pivotal role in shaping nurses' work-life balance. Good leadership, which emphasizes support, empowerment, and a collaborative work environment, has been shown to positively influence nurses' ability to balance work and personal life. Nurses who worked under good leaders felt more supported, which in turn helped them manage their work- life balance more effectively. Supportive leadership practices not only enhance job satisfaction but also contribute to lower turnover rates among nurses, making leadership a key factor in improving work-life balance (Yoon & Park, 2023). Further complicating the issue of work-life balance is the interference between work responsibilities and personal life, which significantly affects job satisfaction and turnover intentions. A study by Gautam and Bhetuwal (2025) found that work-life interference was closely linked to higher turnover rates among nurses. When work demands invade personal life, nurses struggle to maintain their well-being, leading to frustration and, eventually, the decision to leave the profession. Therefore, it is crucial for healthcare organizations to address work-life interference by implementing policies and practices that help nurses manage both work and personal responsibilities effectively (Gautam & Bhetuwal, 2025). In light of these challenges, several strategies can be employed to improve nurses' work-life balance. Flexible scheduling, supportive leadership, and the implementation of work-life balance programs are all effective strategies that have been shown to improve nurses' well-being and job satisfaction. By offering flexible work hours, promoting supportive leadership, and creating a work environment that encourages balance, healthcare institutions can retain experienced nurses and improve the overall quality of care provided to patients. These initiatives not only benefit the nurses but also enhance patient care by reducing burnout and increasing job satisfaction (Hussain et al., 2025).

Professional Demand in the Nursing Profession

The workload, expectations, and responsibilities that Filipino nurses in Micronesia face in their daily practice. These include long working hours, emotional strain of the nursing profession, multitasking between patient care and administrative duties, adapting to different healthcare systems, and meeting institutional standards for performance and patient outcomes (Al-Akash et al., 2024; Diehl et al.,2021; DeCola & Riggins, 2020). One of the most pressing challenges is the extended working hours that Filipino nurses often endure. Studies have shown that nurses frequently work shifts exceeding 12 hours, leading to physical exhaustion and emotional strain. This prolonged exposure to high-stress environments contributes to burnout, characterized by emotional exhaustion and a sense of reduced accomplishment. The emotional toll is further exacerbated by the high patient-to-nurse ratios, which limit the time available for each patient and increase the pressure on nursing staff (Alibudbud, 2023). A significant aspect of professional demands is the workload associated with nursing duties. High patient-to-nurse ratios and insufficient staffing levels contribute to increased workloads, leading to physical and emotional strain. Studies have indicated that excessive workload is a primary factor affecting job satisfaction and increasing turnover intentions among nurses (Van den Oetelaar et al., 2021).

Moreover, the COVID- 19 pandemic has exacerbated these challenges, intensifying workloads and stress levels among healthcare professionals (Brouwer et al., 2025). Nursing is inherently an emotionally demanding profession, requiring caregivers to manage complex patient needs, make critical decisions, and provide support to patients and their families. This emotional labor can lead to burnout, characterized by emotional exhaustion,

depersonalization, and a reduced sense of personal accomplishment. Research has highlighted that burnout among nurses poses a significant threat to healthcare systems, leading to resignations and changes in profession (Corpuz, 2023). In addition to direct patient care, nurses are often responsible for various administrative tasks, including documentation, coordination of care, and participation in meetings.

These additional duties can detract from the time available for patient interaction, potentially affecting the quality of care provided (Diehl et al., 2021). A study on nursing activities revealed that nurses spend a significant portion of their time on non-clinical tasks, which can lead to role strain and decreased job satisfaction. Nurses working in different healthcare settings, especially in international contexts, must adapt to varying clinical practices, technological tools, and organizational structures. This adaptation requires continuous learning and flexibility, as nurses strive to integrate into new healthcare environments while maintaining the quality of care. Studies have found that these professionals face challenges in adjusting to different clinical practices, highlighting the need for ongoing education and support (Fehr & Koob, 2025). Healthcare institutions often set rigorous standards for performance and patient outcomes, which nurses are expected to meet.

These standards encompass various aspects, including safe nursing practices, leadership, and research competencies. Research underscores the importance of continuous professional development and adherence to institutional standards to ensure high-quality patient care (Mlambo et al., 2021). The professional demands faced by nurses are multifaceted and require a balanced approach to address. Strategies to mitigate emotional strain, streamline administrative tasks, support adaptation to diverse healthcare systems, and uphold institutional standards are essential to enhance the well- being of nurses and the quality of patient care. By recognizing and addressing these challenges, healthcare organizations can foster a more supportive and effective nursing workforce.

Personal Satisfaction of Nurses

Personal satisfaction among Filipino nurses working abroad encompasses a multifaceted sense of fulfillment, happiness, and purpose derived from both professional achievements and personal well-being. This satisfaction is influenced by various factors, including career recognition, emotional resilience, and the balance between work and personal life. Studies have highlighted that Filipino nurses employed overseas often experience higher career satisfaction compared to their counterparts in the Philippines. A comparative study Santos et al. (2025) found that nurses in Saudi Arabia reported greater job satisfaction, attributing it to better compensation and institutional support. In contrast, nurses in the Philippines expressed dissatisfaction due to low salaries and limited organizational recognition.

Similarly, a study by Oducado (2025) revealed that millennial Filipino nurses working abroad had significantly higher career satisfaction than those employed locally, underscoring the impact of better working conditions and opportunities abroad. Emotional well-being is a critical component of personal satisfaction. Filipino nurses abroad often exhibit resilience in the face of challenges such as high nurse-to- patient ratios and demanding work environments. A study by Bautista et al. (2025) emphasized the resilience demonstrated by Filipino nurses amidst challenging nurse-to- patient ratios, long working hours, and equipment shortages, highlighting their unwavering dedication to patient care. Moreover, research by Berdida et al. (2025) identified that psychological well-being, social support, and resilience are significant factors influencing job satisfaction among Filipino internationally qualified nurses. Achieving a balance between professional responsibilities and personal life is essential for overall satisfaction. A study by Yasa et al. (2025) found that Filipino nurses in Saudi Arabia favored 12-hour shifts over traditional 8-hour shifts, citing fewer workdays and greater continuity of care as benefits. However, nurses in the Philippines expressed dissatisfaction related to low salaries and limited organizational recognition, indicating that work- life balance is also influenced by extrinsic factors such as compensation and institutional support. Personal fulfillment in nursing is deeply rooted in the sense of purpose and impact that professionals experience through their work (Bond, 2025).

A study by Alipour et al. (2024) examined the relationship between teamwork and moral distress among NICU nurses, finding that effective teamwork was associated with lower levels of moral distress, which in turn contributed to higher nursing satisfaction. This suggests that a supportive work environment can enhance

emotional resilience and fulfillment in NICU settings. In geriatric care, nurses play a pivotal role in enhancing the quality of life for elderly patients. A study by Fehr et al. (2025) found that nurses specializing in geriatric care reported moderate levels of job satisfaction, with factors such as job autonomy and opportunities for advancement influencing their fulfillment. The study highlighted that while nurses were generally satisfied with their choice of nursing as a career, aspects like salary and training opportunities were areas for improvement. At the core of Filipino nurses' professional identity is their unwavering commitment to patient care. This dedication is often described as a calling, where nurses find deep satisfaction in making a tangible difference in the lives of their patients. A study by Beltran (2023) highlighted that Filipino nurses' role in caring for others requires patience and hard work, which is possible with dedication and diligent efforts. This sense of purpose is further reinforced by the emotional rewards associated with patient recovery and the gratitude expressed 30 by patients and their families. Beyond direct patient care, Filipino nurses find purpose in their professional development and career growth. The pursuit of advanced education, specialization, and leadership roles within healthcare institutions provides nurses with a sense of accomplishment and progression in their careers. A study by Ignacio et al. (2025) examined the job satisfaction of Filipino nurses employed locally in the Philippines and overseas, finding that career advancement opportunities were significant factors influencing their job satisfaction. Nurses who had access to professional development programs reported higher levels of fulfillment, indicating that growth opportunities are integral to their sense of purpose. Filipino nurses also derive purpose from their contributions to the healthcare system, both locally and internationally. Their roles are crucial in addressing healthcare shortages, particularly in countries like the United States, where Filipino nurses constitute a significant portion of the nursing workforce. According to the study of Paolo and Bulan (2023), Filipino nurses make up approximately 4% of the U.S. healthcare workforce, underscoring their vital role in global healthcare delivery. This recognition not only provides a sense of pride but also reinforces their commitment to the profession.

Cultural Influences in Working Abroad of Nurses

Cultural Influences. It pertains to the beliefs, values, and social norms that shape how Filipino nurses in Micronesia perceive and manage work-life balance (Qodirova, (2024; Balante et al., 2021). Filipino nurses working abroad encounter a complex interplay of cultural influences that shape their professional experiences and personal identities. These influences stem from both their Filipino heritage and the diverse cultural environments of their host countries. Understanding these dynamics is crucial for enhancing the effectiveness and well-being of Filipino nurses in international healthcare settings (Rodrigo, 2025). A significant aspect of Filipino nurses' work abroad is the development and application of cultural competence. Cultural competence involves understanding and respecting patients' cultural backgrounds, which is essential for providing effective and personalized care.

A study by Fortin (2023) highlighted that Filipino nurses' awareness of cultural differences enables them to establish rapport and deliver patient-centered care, especially in multicultural settings. This competence is fostered through continuous professional development and experiential learning, allowing nurses to navigate cultural nuances effectively. While cultural competence enhances care delivery, Filipino nurses often face challenges in adapting to new cultural environments. A study by Arado (2023) explored the acculturation process among Filipino nurses in Germany, revealing that they encounter difficulties in adjusting to different hospital policies, work practices, and cultural expectations. These challenges can lead to stress and affect job satisfaction. However, nurses employ various coping strategies, such as seeking support from fellow Filipinos and engaging in cultural immersion, to facilitate adaptation.

Cultural differences also influence teamwork dynamics among Filipino nurses and their colleagues from diverse backgrounds Imperial et al. (2024) found that Filipino nurses' cultural competence positively impacts their work engagement and teamwork in multicultural healthcare teams in Central California. By embracing cultural diversity, nurses contribute to cohesive and effective team collaboration, which is vital for quality patient care. The presence of support systems and community networks plays a pivotal role in helping Filipino nurses navigate cultural challenges abroad. A study by Luna (2025) emphasized the importance of Filipino communities in Western and Middle Eastern countries, noting that these networks provide emotional support, cultural familiarity, and practical assistance, which are crucial for nurses' well-being and professional success. While Filipino cultural values emphasize selflessness and dedication, adapting to the work- life balance norms

of host countries can present challenges. For instance, Filipino nurses in Iceland often embody the role of the "ideal Filipino nurse," characterized by traits such as diligence and compliance. However, this idealization can conflict with local expectations for assertiveness and work-life boundaries, leading to stress and identity tensions (Christiansen et al., 2024). These nurses navigate complex dynamics between fulfilling the ideal worker stereotype and asserting their rights for better working conditions.

Synthesis

The current study is grounded in established literature demonstrating that work-life balance is critical for the well-being, job satisfaction, and retention of nurses globally, with imbalance consistently linked to burnout, emotional exhaustion, and job dissatisfaction (Widayana et al., 2025; Chiminelli-Tomás et al., 2025). This research aligns with existing findings that high professional demands, such as workload and long hours (Al-Akash et al., 2024; Diehl et al., 2021), and the need for organizational support through flexible scheduling and institutional recognition (Gautam & Bhetuwal, 2025; Hussain et al., 2025) significantly influence a nurse's ability to manage their responsibilities. Furthermore, the study acknowledges the critical role of cultural influences and the challenges Filipino nurses face in adapting to new cultural environments while striving for personal satisfaction through fulfillment and career advancement (Ignacio et al., 2025; Bond, 2025; Christiansen et al., 2024). However, this research provides a unique contribution by addressing a significant gap in the literature. While much research focuses on large established host countries for Filipino nurses, this study specifically targets the nurses in Micronesia (Palau), offering an original, localized perspective on their challenges and work dynamics, which are distinct from those studied in places like Saudi Arabia. Moreover, the methodology goes beyond mere description; it employs a correlational design to rigorously quantify the degree of relationship between the identified variables, professional demands, cultural influences, and personal satisfactionwithin this specific setting. Most importantly, the research is designed for direct application, culminating in the formulation of a targeted nursing program "Balancing Care and Life". This outputs the study from a purely academic exercise to one that provides an immediate, evidence-based, and practical solution for healthcare organizations in Palau, thereby directly supporting the work-life balance and retention of Filipino nurses in the international healthcare setting.

RESEARCH METHODOLOGY

This chapter presented the research methodology and the procedures implemented in the study. It provided an overview of the Research Design, including the approaches to population selection, sampling methods, and participant selection criteria. The chapter also described the Research Instrument, the Data Collection Process, and the Statistical Analysis applied to the data. Ethical considerations observed during the research process were discussed in the last section.

Research Design

The study employed a descriptive correlational research design within the framework of quantitative research. This design systematically observed and described variables relevant to the global perspective of Filipino nurses in Micronesia on professional demands, personal satisfaction, and cultural influences. This also included the exploration of potential correlations between these variables and outcomes in the nursing work-life balance of the mentioned respondents. Descriptive correlational research employed a non-experimental design to identify and characterize relationships among two or more variables without manipulation. This methodology involved observing and analyzing variable associations within natural environments. The researcher collected data on specified variables and applied statistical analyses to determine the strength and direction of these associations. The principal objective was to investigate naturally occurring patterns and associations, rather than to infer causality. Results from this descriptive correlational research provided insights into the characteristics of these relationships and informed future research directions and practical interventions. Correlation coefficients were used to quantify the extent to which changes in one variable

corresponded to changes in another. In this study, descriptive correlational research was used to examine the association among the professional demands, personal satisfaction, and cultural influences as a global perspective of Filipino nurses working in Micronesia related to their work-life balance. The research analyzed

correlations among the degree of professional demands, personal satisfaction, and cultural influences. Examining these relationships helped identify the most effective support strategies for the mentioned nurses.

Population and Sampling

The population of this study consisted of Filipino registered nurses who were, at the time of the study, employed in various clinical settings across the island of Palau, Micronesia. These individuals formed a distinct group of healthcare professionals who had migrated to work abroad, bringing with them the values, work ethics, and cultural characteristics of Filipino nursing practice. They represented an important segment of the global nursing workforce, facing unique challenges in balancing their professional responsibilities and personal lives within a multicultural environment. The study focused specifically on nurses who were actively engaged in hospital or other clinical duties, ensuring that the data gathered accurately reflected their global perspective on professional demands, personal satisfaction, and cultural influences.

The target sample size for this study was 50 Filipino Registered Nurses. This determination was based on the manageable number of the specialized population within the defined locale of Palau, Micronesia. A sample size of 50 was deemed adequate to capture a diverse range of experiences regarding work-life balance, professional demands, personal satisfaction, and cultural influences, thereby providing sufficient data for the quantitative statistical analysis. A Purposive Sampling Technique was employed in selecting participants for this study. This non-probability method ensured that the participants selected possessed specific characteristics relevant to the research questions, allowing for in-depth data collection on the defined variables.

The following eligibility criteria were strictly applied to identify qualified respondents: the respondent had to be a Filipino citizen and a registered nurse (RN); had to be currently employed and actively engaged in clinical duties within a healthcare institution (hospital, clinic, rehabilitation center) located in Palau, Micronesia; had to have a minimum of six (6) months of continuous clinical work experience as a nurse in Palau, Micronesia, to ensure sufficient exposure to the professional demands and cultural influences of the host country; and had to be willing to provide voluntary, informed consent to participate in the study.

The following Eligibility Criteria were strictly applied to identify qualified respondents:

1. Must be a Filipino citizen and a registered nurse (RN).

2. Must be currently employed and actively engaged in clinical duties within a healthcare institution (hospital, clinic, rehabilitation center) located in Palau, Micronesia.

3. Must have a minimum of six (6) months of continuous clinical work experience as a nurse in Palau, Micronesia, to ensure sufficient exposure to the professional demands and cultural influences of the host country.

4. Must willingness to participate to provide voluntary, informed consent to participate in the study.

Respondents of the Study

The respondents of this study were fifty (50) Filipino Registered Nurses (RNs) who were selected through purposive sampling and were, at the time of data collection, employed in various clinical settings across Palau, Micronesia. These nurses were included based on the eligibility criteria described above. As part of the global nursing workforce, these individuals formed a highly regarded cohort known for their skills, dedication, and strong work ethic. Their experience in Micronesia was invaluable, as it provided a unique perspective on how work-life balance was attained or compromised in a foreign healthcare system under specific conditions. They faced a unique blend of professional demands, personal satisfaction challenges, and cultural influences that collectively shaped their professional and personal lives. The decision to work abroad, particularly in Micronesia, involved a commitment to providing healthcare far from their families and familiar cultural environments, adding complexity to the demands they encountered.

Research Instrument

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The study employed a self-constructed survey questionnaire as its research instrument. This tool integrated descriptive and normative data collection methods to provide a comprehensive overview of the attitudes, behaviors, perceptions, and conditions of the target population at a specific time. Statistical measures, such as frequency and percentage, were used to characterize the sample, while the normative aspects established what was considered acceptable or ideal in the context of work-life balance among Filipino nurses in Micronesia. As a researcher-made questionnaire, the instrument's development was anchored extensively in the related literature and existing validated scales concerning work-life balance, nursing stress, job satisfaction, and cultural adaptation. The process involved synthesizing established theoretical constructs and empirical findings related to the three independent variables: professional demands, personal satisfaction, and cultural influences. Initial items were generated based on common stressors, satisfaction drivers, and cultural challenges identified in studies involving overseas Filipino nurses. Preliminary questions were drafted for each domain, ensuring clarity, relevance, and alignment with the specific context of nurses in Micronesia. These draft items formed the basis for the instrument, ensuring its content validity was rooted in established theoretical concepts before expert review.

Table 1 Part 1: Professional Demands assesses the level of professional demands, which include workload, expectations, and responsibilities.

Scale	**Limit**	**Adjective Equivalent**
4	3.66 - 4.00	Very High Demand
3	2.51 - 3.25	High Demand
2	1.75 - 2.50	Low Demand
1	1.00 - 1.75	Very Low Demand

Table 2 Part 2: Personal Satisfaction Measures the level of personal satisfaction, encompassing the domains of work environment, compensation, professional development, and work-life balance.

Scale	**Limit**	**Adjective Equivalent**
4	3.66 - 4.00	Very High Satisfaction
3	2.51 - 3.25	High Satisfaction
2	1.75 - 2.50	Low Satisfaction
1	1.00 - 1.75	Very Low Satisfaction

Table 3 Part 3: Cultural Influences Assesses the level of cultural influences, pertaining to beliefs, values, and social norms.

Scale	**Limit**	**Adjective Equivalent**
4	3.66 - 4.00	Very High Influence
3	2.51 - 3.25	High Influence
2	1.75 - 2.50	Low Influence
1	1.00 - 1.75	Very Low Influence

To minimize central tendency bias and encourage definitive responses, the instrument utilized a 4-point Likert Scale for Parts 1, 2, and 3. The exclusion of a neutral (middle) option forced respondents to lean toward agreement or disagreement, resulting in more polarized and methodologically useful data.

Validation of Instruments

Instrument validation was critical for ensuring reliability, accuracy, and relevance in data collection. The primary objective of validation was to verify that the instrument measured the specified constructs, producing findings that aligned with the study's objectives. The validation process began with Content Validity, which assessed whether the questionnaire addressed all relevant aspects of the concepts derived from the literature and the statement of the problem. The instrument was analyzed by a panel of three (3) experts, whose diverse backgrounds ensured a comprehensive review: two Licensed Nurses with a Master of Arts in Nursing (MAN), whose role was to assess the clinical relevance and appropriateness of the content and language used in the context of nursing care; and one Psychometrician, who specialized in the theory and technique of psychological measurement, and whose role was to evaluate the construct measurement, scaling properties, and structure of the questionnaire. Following content validation, the instrument's internal consistency was verified through reliability testing to ensure it accurately represented the underlying constructs of professional demands, personal satisfaction, and cultural influences. A pilot test was administered to ten (10) respondents who met the eligibility criteria but were excluded from the final sample of fifty (50) to prevent respondent bias. The reliability of the tool was statistically confirmed using Cronbach's Alpha, which was the standard measure for internal consistency in social science research. This step was critical to the study's integrity, as it ensured that the items within each variable consistently measured the same concepts. By achieving high Alpha coefficients during this phase, the researcher confirmed that the instrument was free from ambiguity and was an effective, credible tool for assessing the work-life balance of Filipino nurses in Micronesia.

Table 4 Reliability Test Result

Variables	Alpha	Remarks	Interpretation
Level of Professional Demands			
Workload	0.848	-	Reliable
Expectations	0.939	-	Highly Reliable
Responsibilities	0.939	-	Highly Reliable
Level of Personal Satisfaction			
Work Environment	0.935	-	Highly Reliable
Compensation	0.917	-	Highly Reliable
Professional Development	0.932	-	Highly Reliable
Work life Balance	0.922	-	Highly Reliable
Level of Cultural Influences			
Beliefs	0.949	-	Highly Reliable
Values	0.935	-	Highly Reliable
Social Norms	0.949	-	Highly Reliable

Legend: $\alpha \geq 0.9$ *(Highly Reliable),* $0.9 > \alpha \geq 0.8$ *(Reliable),* $0.8 > \alpha \geq 0.7$ *(Acceptable),* $0.7 > \alpha \geq 0.6$ *(Questionable),* $0.6 > \alpha \geq 0.5$ *(Poor),* $0.5 > \alpha$ *(Unacceptable).*

Data Gathering Procedure

The data gathering process for the study followed a systematic approach, as illustrated in the flowchart in Figure 3. The flowchart specified sequential procedures to ensure a structured data collection process.

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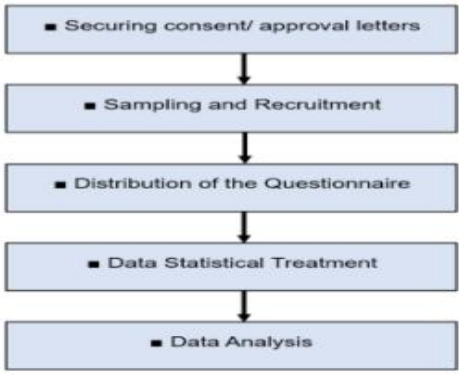


Figure 3: Data Gathering Flow

The first step in the data collection process is securing consent/approval letters. This is a critical preliminary task where the researchers seek permission from the relevant authorities, such as hospital administrators, healthcare organizations, and ethical review boards. Obtaining formal consent ensures that the study complies with ethical standards and protects the rights of the participants. This phase also involves informing participants about the nature of the study, their rights, and the confidentiality of their responses. Once the necessary approvals are obtained, the next step is sampling and recruitment. This phase involves selecting the appropriate participants who fit the study's criteria. The researcher will distribute the questionnaires and be available to assist participants with completing the forms as needed.

After the questionnaires are collected, the data enters the data statistical treatment phase. In this step, researchers organize and clean the data, removing any inconsistencies or incomplete responses. Statistical methods such as descriptive statistics and inferential statistics are applied to quantify the data. The purpose is to identify patterns, correlations, and trends that reflect the relationship between professional demands, personal satisfaction, cultural influences, and work- life balance for Filipino nurses in Micronesia. Lastly, the data is subjected to data analysis. This involves interpreting the results of the statistical treatments to draw conclusions about the study. The analysis focuses on answering the research questions, providing insights into how professional demands, personal satisfaction, and cultural factors influence work-life balance, and identifying areas of improvement in the professional environment of Filipino nurses in Micronesia. The findings are then used to propose recommendations for enhancing work-life balance and supporting Filipino nurses in their work and personal lives.

Statistical Analysis

The following statistical methods will be employed to analyze and interpret the data collected, addressing each specific research question.

Descriptive Statistics

For assessing the levels of professional demands (SOP 1), personal satisfaction (SOP 2), and cultural influences (SOP 3), the Weighted Mean and descriptive statistics were employed. The Weighted Mean calculated the average score for each variable and its sub-factors based on the 4-point Likert scale responses. Descriptive statistics furnished a comprehensive summary of the central tendency (mean) and variability (standard deviation) of the data. This analysis effectively quantified the overall perception levels of the Filipino nurses in Micronesia concerning the three core variables, allowing the findings to be summarized and interpreted using corresponding adjectival equivalents.

Inferential Statistics

To determine the significant relationships required by the study, the Pearson Correlation Coefficient (r) was utilized for both SOP 4 (relationship between professional demands and personal satisfaction) and SOP 5 (relationship between cultural influences and personal satisfaction). Since all variables were measured on a

continuous, interval-level scale derived from the Likert responses, the Pearson r was the appropriate test to establish the strength and direction of the linear association. A statistically significant p-value ($p < 0.05$) indicated a meaningful link, providing critical insights into how work-related and cultural factors were associated with the personal well-being of the nurses in this specific context.

Program Formulation Based on the Findings

The problem, which asked for the drafting of a nursing program (SOP 6), was addressed through Program Formulation, utilizing the qualitative synthesis of the preceding quantitative results. The findings from the descriptive analysis (SOP 1–3) highlighted specific areas of high demand or low satisfaction, and the correlational findings (SOP 4–5) confirmed which factors were most influential. This evidence-based approach guided the construction of the nursing program, "Balancing Care and Life: A Comprehensive Support Plan for Filipino Nurses," ensuring it was precisely tailored to address the unique challenges identified in the Micronesian setting.

Ethical Consideration

The researcher prioritized ethical and legal considerations to ensure the credibility and integrity of the study. These measures protected participants' rights, privacy, and well-being. The study followed ethical principles emphasizing Social Value, Informed Consent, Vulnerability of the Participants, Risk, Benefits, and Safety, Privacy and Confidentiality of Information, Justice, Qualification of Researchers, and Transparency.

Social Value

The study was designed to hold significant social relevance by addressing a critical issue of work-life balance that impacts the well-being, quality of care, and retention of Filipino nurses in Micronesia. The resulting nursing program ensured that the research outcomes directly contributed to practical improvements in the healthcare environment and support structures for this vital segment of the global workforce.

Informed Consent

This principle ensured participants had complete knowledge of the study. Respondents received a comprehensive explanation of the study's objectives, procedures, duration, and the voluntary nature of their participation. They were informed of potential risks and benefits, confidentiality measures, and were provided researcher contact information, allowing them to make a reasoned and autonomous decision to participate.

Vulnerability of the Participants

While not inherently clinically vulnerable, Filipino nurses working abroad could be considered vulnerable due to potential power imbalances (dependence on employment contract, remote location) and cultural pressures. The study specifically addressed this by emphasizing the right to withdraw without penalty and ensuring hospital/employer approval was kept separate from individual consent, thus safeguarding their professional status.

Risk, Benefits, and Safety

The study design adhered to the principle of Beneficence by minimizing potential risks, which were minimal (mostly psychological stress related to sensitive questions). The benefits included contributing to knowledge and, most importantly, directly led to the formulation of a support program aimed at improving the nurses' well-being. Participants' safety and well-being were protected throughout data collection.

Privacy and Confidentiality of Information

This was maintained through strict compliance with the Data Privacy Act of 2012 (RA 10173). Responses were kept anonymous, and data were reported in aggregated form only. Digital data were secured with

passwords, and physical records were stored in locked cabinets, ensuring protection against unauthorized access or misuse.

Justice

The principle of Justice required fair distribution of the burdens and benefits of the research. Inclusion and exclusion criteria were fair and non-discriminatory, and the Purposive Sampling ensured equitable access to participation among the eligible population. The benefits, in the form of the resulting nursing program, were shared directly with the entire community of Filipino nurses in Palau.

Qualification of Researcher

The researcher was required to possess the necessary academic and practical qualifications to competently and responsibly conduct the study. This included having the supervision of qualified academic advisers and utilizing an expert panel for validation, ensuring that the study was scientifically sound and ethically managed.

Transparency

The principle of Transparency was met by ensuring the research process was open and clear. This included clear communication regarding the study's methodology, timely submission for ethical review board (ERB) approval, and a commitment to disseminate the research findings both to the academic community and to the participating nurses and institutions to promote accountability.

RESULTS AND DISCUSSION

This chapter presents the data gathered from Filipino nurses working in Micronesia, organized to answer the specific objectives of the study. The findings are broken down into three main areas: the professional demands they face, their level of personal satisfaction, and the cultural influences that shape their daily lives.

Part I. What is The Level of Personal Satisfaction as a Perceived by Filipino Nurse in Micronesia in terms of Workload, Expectations, and Responsibilities?

Table 5 The Level of Personal Satisfaction as a Perceived by Filipino nurse in Micronesia in terms of Workload.

Statements	Mean	SD	Interpretation
I regularly handle a patient-to-nurse ratio that makes quality care difficult to maintain.	3.76	0.431	Very High Demand
The amount of documentation and administrative work assigned often extends beyond my shift hours.	3.18	0.388	High Demand
I consistently feel pressured to complete tasks within inadequate time frames.	3.36	0.485	Very High Demand
My scheduled shift hours frequently exceed eight hours, leading to exhaustion.	2.34	0.688	Low Demand
I often work double shifts or take on extra duty to cover staff shortages in the facility.	2.18	0.388	Low Demand
The complexity of patient cases assigned to me often increases my	2.28	0.454	Low Demand

stress level.			
Insufficient support staff (nursing aides, assistants) directly contributes to my high workload.	3.44	0.501	Very High Demand
I feel that my workload compromises my ability to take adequate breaks or meal times.	3.34	0.479	Very High Demand
Lack of proper equipment or resources increases the physical demands of my job.	2.26	0.443	Low Demand
The intensity of work makes it difficult for me to mentally detach from my job after my shift ends.	3.12	0.328	High Demand
Overall Mean	2.93	0.46	High Demand

Table 5 shows that Filipino nurses in Micronesia experience an Overall High Demand (2.93) in their workload. The most critical pressures are external and systemic rather than task based. Specifically, the highest demand is seen in patient-to-nurse ratios (3.76) and the lack of support staff (3.44). This suggests that the primary stressor is not the difficulty of the nursing tasks themselves as evidenced by the Low Demand in complexity of cases (2.28) but rather the volume of patients and the scarcity of assistance. The intensity of the work is high enough to compromise breaks (3.34) and cause mental fatigue after shifts (3.12), the physical length of the shifts and the frequency of double shifts are perceived as Low Demand (2.34 and 2.18, respectively). This indicates that while nurses are working within standard hours, the density of work during those hours is exceptionally high.

This study was supported by Diehl et al. (2021), who noted that a high patient-to-nurse ratio is the primary predictor of professional strain and burnout. The Very High scores in documentation and inadequate timeframes further support Alibudbud (2023), who highlighted that administrative burdens in the Philippines and abroad significantly deplete the care energy of Filipino nurses. However, the Low Demand regarding equipment and shift duration (2.34) contradicts some findings by Van den Oetelaar et al. (2021), who suggested that technical resource gaps are a major driver of workload perception.

Table 6 The Level of Personal Satisfaction as a Perceived by Filipino nurse in Micronesia in terms of Expectations.

Statements	**Mean**	**SD**	**Interpretation**
The administration expects me to perform duties outside the typical scope of my nursing practice.	3.80	0.404	Very High Demand
I feel constant pressure from supervisors to meet very high performance standards.	3.16	0.370	High Demand
Patients or their families expect a level of service that is difficult to provide due to resource limitations.	2.08	0.274	Low Demand
There are unwritten rules or cultural expectations regarding dedication that require me to prioritize work over personal time.	3.30	0.463	Very High Demand
The performance evaluation standards are clearly defined and realistically achievable.	3.78	0.418	Very High Demand
I feel pressured to sacrifice my personal commitments to meet my	2.28	0.454	Low Demand

employer's needs.			
There is an expectation that I should immediately be available to answer calls or perform tasks even when off duty.	2.24	0.431	Very High Demand
My employer's expectations regarding my emotional presence (always being cheerful) are demanding.	3.70	0.463	Low Demand
The standards for professional demeanor and appearance are overly strict in this work environment.	2.20	0.404	High Demand
I am expected to manage cultural differences among patients and staff without adequate training or support.	3.24	0.431	High Demand
Overall Mean	**2.98**	**0.41**	**High Demand**

Table 6 shows an Overall High Demand (2.98) regarding professional expectations. A significant trend emerged where the highest stressors are Administrative and Emotional rather than based on patient interactions. The highest mean score was for performing duties outside the typical scope of nursing practice (3.80). This suggests a multi-tasking environment where nurses are expected to fill gaps in other healthcare roles. Furthermore, there is a Very High Demand for emotional labor, with nurses feeling expected to maintain a cheerful presence (3.70). The expectations for dedication are high (3.30), the respondents indicated that the actual pressure to remain available while off-duty (2.24) or to sacrifice personal commitments (2.28) is relatively low. This suggests that while the intensity of the shift is high, the boundaries of off-duty time are respected more than the workload during the shift might suggest.

The Very High expectation to perform duties outside the nursing scope (3.80) confirms the findings of Al-Akash et al. (2024), who noted that in resource-limited or high-demand settings, nurses often do others' jobs, leading to role ambiguity and increased stress. The high score for emotional presence (3.70) aligns with Hussain et al. (2025), who discussed the emotional labor inherent in nursing, particularly for Filipino nurses whose cultural upbringing often emphasizes hospitality and extreme patience. This cultural performance of being constantly cheerful adds a layer of professional demand that is often invisible in official job descriptions. The finding that performance evaluation standards are realistically achievable (3.78) contradicts some literature on migrant nurse burnout (Chiminelli-Tomás et al., 2025), which often cites unclear or unfair evaluation as a stressor.

These expectations create a complex landscape for Work-Life Balance. While nurses are not constantly on call (2.24), the unwritten rules regarding dedication (3.30) suggest a cultural or institutional pressure to give 100% of one's energy during work hours. This high emotional and professional output during the day may leave nurses with less emotional capital to invest in their families or personal lives once they leave the facility, even if they aren't physically called back to work.

Table 7 The Level of Personal Satisfaction as a Perceived by Filipino nurse in Micronesia in terms of Responsibilities.

Statements	**Mean**	**SD**	**Interpretation**
I am frequently assigned responsibilities that require urgent decision - making without immediate supervision.	3.38	0.490	Very High Demand
I feel the level of legal and professional accountability placed upon me is exceptionally high.	4.00	0.000	Very High Demand
I am often required to train or mentor new staff members in addition to my regular duties.	3.28	0.454	Very High Demand

My current responsibilities require a significant amount of emotional labor in dealing with patient stress and grief.	3.16	0.370	High Demand
I am responsible for managing complex medical equipment or technology with minimal maintenance support.	3.22	0.418	High Demand
I frequently serve as the primary communication link between multiple departments or specialties.	3.04	0.450	High Demand
The responsibility for coordinating discharge planning and patient education often falls solely on me.	2.28	0.573	Low Demand
I feel adequately prepared and supported by my training to handle all my assigned responsibilities	3.32	0.471	Very High Demand
I am held accountable for outcomes that are often outside of my direct control (patient adherence).	2.28	0.536	Low Demand
The scope of my job involves managing resources and inventory, adding to my patient care responsibilities.	3.92	0.274	Very High Demand
Overall Mean	3.19	0.40	High Demand

Table 7 shows the Overall High Demand (3.19) in the professional responsibilities. The legal and professional accountability, which received a perfect mean of 4.00 with zero standard deviation. This every single respondent feels an intense weight of liability in their role. Moreover, nurses are taking on significant non-clinical responsibilities, specifically in resource and inventory management (3.92). This suggests that in the Micronesian healthcare system, Filipino nurses act not only as clinicians but also as logistics managers and primary decision-makers (3.38).

The data shows a Low Demand for tasks like discharge planning (2.28) and accountability for patient adherence (2.28). This indicates that while the internal within-the-hospital responsibilities are heavy, the demands related to post-hospitalization outcomes are less prioritized or less perceived as a burden by the nursing staff. The Very High score for legal accountability (4.00) and inventory management (3.92) strongly supports study by Al-Akash et al. (2024), who noted that nurses in specific regional contexts often handle non-nursing tasks that increase their perceived professional burden. This scope creep where a nurse becomes a mentor, a technician, and a clerk is a documented driver of professional strain.

The high mean for feeling prepared (3.32) suggests that the nurses' foundational training in the Philippines remains a strong asset. Rodrigo (2025), who highlighted that the severe clinical training of Filipino nurses allows them to handle high-level responsibilities even in foreign environments where supervision might be minimal. However, the finding that emotional labor is High but not Very High (3.16) slightly contradicts by study Hussain et al. (2025), who argued that emotional labor is often the heaviest burden. The physical and legal responsibilities seem to outweigh the emotional ones.

The heavy weight of accountability and the multi-role nature of their responsibilities create a high cognitive load. When a nurse feels 100% accountable for legal outcomes and is simultaneously managing hospital inventory, the mental energy required is immense. According to Berdida et al. (2025), this level of professional demand makes it difficult for nurses to switch off their professional brain, directly hindering their ability to engage in leisure or self-care, which are essential components of a healthy work-life balance.

Part II. What is The Level of Personal Satisfaction as Perceived by Filipino Nurse in Micronesia in terms of Work Environment, Compensation, Personal Development, and Work-Life Balance.

Table 8 The Level of Personal Satisfaction as Perceived by Filipino Nurse in Micronesia in terms of Work Environment.

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Statements	Mean	SD	Interpretation
I am satisfied with the level of teamwork and cooperation among my colleagues.	3.86	0.351	Very High Satisfaction
My immediate supervisor provides adequate support and fair treatment.	3.92	0.274	Very High Satisfaction
The physical conditions of my workplace (cleanliness, safety) are satisfactory.	3.86	0.351	Very High Satisfaction
I feel safe and secure while performing my duties in the healthcare facility.	3.94	0.240	Very High Satisfaction
I am generally comfortable with the organizational culture of my current workplace.	3.14	0.351	High Satisfaction
Conflicts between colleagues or departments are handled fairly and efficiently.	3.86	0.351	Very High Satisfaction
There is open and effective communication between staff and management.	3.86	0.351	Very High Satisfaction
I believe my facility provides adequate resources and equipment for quality patient care.	3.94	0.240	Very High Satisfaction
The work environment is emotionally supportive and acknowledges staff stress.	3.80	0.404	Very High Satisfaction
My work environment fosters a sense of belonging and community among staff.	3.84	0.370	Very High Satisfaction
Overall Mean	**3.80**	**0.33**	**Very High Satisfaction**

Table 8 shows the Overall Very High Satisfaction (3.80) regarding the work environment. The highest levels of satisfaction were recorded for Safety and Security (3.94) and the Provision of Resources (3.94). These near-perfect scores suggest that the physical and logistical infrastructure of healthcare facilities in Micronesia provides a strong sense of professional security for Filipino nurses. While almost all indicators reached the Very High, Organizational Culture (3.14) was the only item to fall into the High Satisfaction category. This indicates that while the physical facility and interpersonal support (supervisors and colleagues) are excellent, there remains a slight gap in how nurses fully integrate into or align with the broader institutional culture of their Micronesian host organizations.

The high score for supervisory support (3.92) strongly supports the findings by AbdELhay et al. (2025), who emphasized that transformational leadership and fair treatment by supervisors are key drivers of nurse retention and well-being. This suggests that the management in these facilities successfully buffers the high professional demands discussed in previous tables. The satisfaction with resources (3.94) aligns with study by Yoon & Park (2023), who noted that perceived organizational support, specifically through the provision of necessary clinical tools, significantly bolsters a nurse's intention to stay. Furthermore, the high rating for teamwork (3.86) resonates with Imperial et al. (2024), who found that cultural competence among healthcare teams in international settings directly impacts work engagement and collective performance.

However, the lower score for Organizational Culture (3.14) reflects the challenges noted by Balante et al. (2021), the identified that directing a foreign organizational culture remains one of the most persistent hurdles for internationally educated nurses, even when they are satisfied with their immediate co-workers. This very

high level of environmental satisfaction acts as a critical Personal Resource. In the study of the Job Demands-Resources (JD-R) theory by Tims, Bakker, and Derks (2013), a supportive work environment mitigates the stress caused by high workloads. Because these nurses feel safe, supported by management, and equipped with proper resources, they likely experience less moral distress or burnout compared to settings where these environmental factors are lacking. This positive environment is a foundational support that likely prevents their high professional demands from completely eroding their work-life balance.

Table 9 The Level of Personal Satisfaction as Perceived by Filipino Nurse in Micronesia in terms of Compensations.

Statements	**Mean**	**SD**	**Interpretation**
I am satisfied with my basic salary compared to the demands of my job.	3.94	0.240	Very High Satisfaction
My overall compensation package (salary plus benefits) is competitive for the Micronesian region.	3.88	0.328	Very High Satisfaction
I feel that my remuneration reflects my educational qualifications and years of experience.	3.94	0.240	Very High Satisfaction
The provision of benefits (housing, medical insurance) is satisfactory.	3.80	0.404	Very High Satisfaction
I am satisfied with the retirement and long-term financial security plans offered by my employer.	3.92	0.274	Very High Satisfaction
Pay increases or bonuses are granted fairly and transparently.	3.94	0.240	Very High Satisfaction
My employer provides financial assistance or support for professional licensing or certification renewals.	3.92	0.274	Very High Satisfaction
The compensation I receive allows me to adequately support my family, including remittances.	3.14	0.351	High Satisfaction
I am satisfied with the amount of paid leave (sick leave, vacation leave) I receive annually.	3.06	0.240	High Satisfaction
I feel financially valued for my contributions to the healthcare institution.	3.08	0.274	High Satisfaction
Overall Mean	**3.66**	**0.29**	**Very High Satisfaction**

Table 9 shows the Overall Very High Satisfaction (3.66) regarding compensation. The data shows that nurses are most satisfied with the internal fairness and structure of their pay. Items related to basic salary, reflection of qualifications, and transparency of bonuses all received a mean of 3.94. This suggests that the contractual and administrative aspects of compensation in Micronesia are perceived as highly equitable.

However, a noticeable increase in satisfaction occurs in items related to the external utility of that income and time-based benefits. Satisfaction with the ability to support family and send remittances (3.14) and paid leave (3.06) were the lowest in the set. This indicates that while the absolute dollar amount is high and fair, the high cost of living in Micronesia or the heavy weight of family financial obligations back in the Philippines may weaken the perceived value of the salary. The high satisfaction with salary reflecting qualifications (3.94) aligns study by Santos et al. (2025), who noted that Filipino nurses often perceive foreign compensation as more aligned with their professional worth compared to local rates. The transparent granting of bonuses (3.94) also supports Gautam & Bhetuwal (2025), who argued that procedural justice the fairness in how pay is decided is often more important for job satisfaction than the amount itself. The lower satisfaction regarding

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paid leave (3.06) confirms the concerns raised by Ali et al. (2023). Their research suggests that for migrant nurses, time is a form of currency; if high pay comes at the cost of limited leave to visit home or rest, the overall sense of work-life balance equilibrium is threatened.

This contradiction suggests that while Micronesian employers are financially generous, they may be time-lean in their benefits packages. Compensation acts as a primary hygiene factor. While the high satisfaction here prevents major dissatisfaction, the lower scores in Paid Leave and Remittance Utility suggest a potential strain on the life side of the balance. If a nurse feels they are working hard but cannot afford to take enough time off (3.06) or that their hard-earned money is quickly depleted by remittances (3.14), the high professional demands previously noted may feel more taxing. In essence, the reward (money) is high, but the recovery (time) is less satisfactory.

Table 10 The Level of Personal Satisfaction as Perceived by Filipino Nurse in Micronesia in terms of Professional Development.

Statements	**Mean**	**SD**	**Interpretation**
My job provides sufficient opportunities for continuous learning and skill improvement	3.86	0.351	Very High Satisfaction
I am satisfied with the amount of formal training and in -service education I receive annually.	3.78	0.418	Very High Satisfaction
My employer actively encourages and supports my pursuit of higher education or specialization.	3.18	0.388	High Satisfaction
There is a clear path for career advancement (moving to a senior or management role) in my facility	3.94	0.240	Very High Satisfaction
I feel that the skills and knowledge I gained from my training are relevant to my current role.	3.78	0.418	Very High Satisfaction
I am often given opportunities to attend external seminars, conferences, or workshops	3.88	0.328	Very High Satisfaction
I am satisfied with the level of mentorship or guidance I receive from senior colleagues	3.92	0.274	Very High Satisfaction
My facility utilizes my unique Filipino nursing experience and training effectively	3.28	0.454	High Satisfaction
My supervisor provides constructive feedback that helps me grow professionally.	3.78	0.418	Very High Satisfaction
I feel a strong sense of professional fulfillment from the duties I perform daily.	3.70	0.463	Very High Satisfaction
Overall Mean	**3.71**	**0.38**	**Very High Satisfaction**

Table 10 shows the Overall Very High Satisfaction (3.71) in the domain of Professional Development. A highly positive trend is the perception of a Clear Career Path (3.94) and Strong Mentorship (3.92). This suggests that Micronesian healthcare facilities are not just employing Filipino nurses for labor but are actively integrating them into the professional hierarchy and providing a roadmap for advancement.

However, two items were rated lower Support for Higher Education (3.18) and the Effective Utilization of Filipino Experience (3.28). While still interpreted as High Satisfaction, these scores suggest a slight disconnect. While nurses feel they are growing within their current roles and following internal career paths, they may feel less supported when seeking external academic advancement (like specialized certifications or graduate degrees). Additionally, the lower score for utilizing their specific Filipino experience might indicate that while they are respected as nurses, their unique cultural or clinical background from the Philippines is not being fully leveraged as a strategic asset. The high satisfaction with mentorship (3.92) and skill improvement (3.86) aligns with Mlambo et al. (2021), who identified that continuous professional development is a important resource that barriers the stress of nursing. This finding reinforces the Job Demand-Resources (JD-R) Theory, where professional growth opportunities act as a resource that increases work engagement. The finding of a clear career path (3.94) is particularly significant and somewhat contradicts Balante et al. (2021), whose review often found that migrant nurses face glass ceilings or limited upward mobility in foreign healthcare systems.

In Micronesia, it appears that Filipino nurses face fewer barriers to senior or management roles. The lower score for higher education support (3.18) confirm the findings by Jakobsson et al. (2023), who noted that while workplaces often provide internal in-service training, they frequently fail to provide the financial or scheduling flexibility required for external formal education, which can eventually lead to a sense of professional stagnation. Professional fulfillment (3.70) and a sense of growth are powerful psychological drivers of balance. When nurses feel they are advancing and being mentored, they are more likely to view their high professional demands as challenging rather than threatening. This sense of purpose makes the emotional labor of the job more sustainable. However, the lack of support for higher education could potentially force nurses to choose between their career aspirations and their personal/family time in the future, creating a new conflict in their work-life equilibrium.

Table 11 The Level of Personal Satisfaction as Perceived by Filipino Nurses in Micronesia in terms of Work-Life Balance.

Statements	**Mean**	**SD**	**Interpretation**
I have enough time and energy left after work to enjoy my personal life and hobbies	3.34	0.479	Very High Satisfaction
My work schedule allows me to dedicate sufficient time to family and friends.	3.76	0.431	Very High Satisfaction
I feel my personal life negatively affects my work performance.	3.76	0.431	Very High Satisfaction
My employer is flexible and understanding when I need time off for personal emergencies	3.68	0.471	Very High Satisfaction
I feel that I have control over the boundaries between my work life and my personal life	3.60	0.495	Very High Satisfaction
The stress from my job rarely impacts my quality of sleep or rest.	3.32	0.471	Very High Satisfaction
I am able to utilize my vacation and rest days without feeling guilty about my job duties.	3.22	0.418	High Satisfaction
I rarely feel emotionally drained by my job when I am spending time with family or friends.	3.12	0.328	High Satisfaction
The sacrifices I make for my work are generally worth the personal costs.	3.88	0.328	Very High Satisfaction
I am satisfied with the balance I have achieved between my	2.20	0.404	Low Satisfaction

professional and personal life in Micronesia			
Overall Mean	**3.39**	**0.43**	**Very High Satisfaction**

Table 11 shows the Overall Mean reflects Very High Satisfaction (3.39), there is a pointed and critical discrepancy in individual items. The highest score in this set is the belief that sacrifices are worth the personal costs (3.88). This suggests that Filipino nurses in Micronesia possess a high degree of resilience and purpose, likely driven by the financial rewards. They are also very satisfied with their schedules (3.76) and employer flexibility (3.68).

However, when asked a direct, summative question about their actual satisfaction with the balance achieved (Item 10), the mean drops significantly to 2.20 (Low Satisfaction). This suggests that while they have the tools for balance (time, flexibility, and a sense of purpose), the quality of that balance is still perceived as poor. This is further supported by the relatively lower scores in being emotionally drained (3.12) and guilt-free vacation (3.22). It appears that while the schedule exists, the mental burden of the job remains heavy.

The high value placed on sacrifice being worth it (3.88) strongly supported the study by Hussain et al. (2025) regarding the selfless and familial commitment of Filipino nurses. In Filipino culture, personal hardship is often viewed as acceptable if it results in the betterment of the family (remittances). This explains why nurses can rate their sacrifice highly while rating their achieved balance low. The lower score for achieving actual balance (2.20) aligns with Buivydienė et al. (2025), who argued that even with flexible schedules, the invisible labor and high accountability of nursing (as seen in Table 7, where accountability was 4.00) create a psychological spillover. Even when they are physically at home, they are mentally at work, making a true sense of balance difficult to attain.

The Very High score for employer flexibility (3.68) confirms Gribben & Semple's (2021) assertion that supportive management is the most effective buffer against WLB erosion. In Micronesia, it seems the managers are doing their part, but the nature of the profession itself (high demands) remains the primary obstacle to satisfaction. The nurses are satisfied with their schedules but not their balance, the intervention should not focus solely on time management. Instead, it must focus on energy management and psychological detachment. The study counters the idea that more time off is the only solution. It suggests that nurses need better ways to process the emotional toll and legal accountability of their roles so that their personal time is not spent recovering from professional exhaustion.

Part III. What is The Level of Cultural Influences as Perceived by Filipino Nurses in Micronesia in terms Beliefs, Values, and Social Norms.

Table 12 The Level of Cultural Influences as Perceived by Filipino Nurses in Micronesia in terms Beliefs.

Statements	**Mean**	**SD**	**Interpretation**
Religious or spiritual beliefs influence my approach to patient care in a way that sometimes conflicts with local practices	2.16	0.370	Low Influence
Traditional Filipino health beliefs (reliance on prayer, pasma) affect how I manage stress from work.	2.42	0.499	Low Influence
I feel comfortable expressing my personal beliefs regarding health and illness in the workplace.	3.66	0.479	Very High Influence
My Filipino belief system about saving face (Hiya) sometimes prevents me from asking for help when my workload is excessive	3.80	0.404	Very High Influence

I feel there is a good understanding and respect for my Filipino beliefs among my non-Filipino colleagues	3.74	0.443	Very High Influence
Local cultural beliefs in Micronesia about time management (being flexible) impact the efficiency of my professional schedule.	3.80	0.404	Very High Influence
The belief that nursing is a vocation (calling) makes me feel obligated to sacrifice my personal time for work.	2.22	0.418	Low Influence
I believe adapting to the local patients' cultural health beliefs is a major challenge in my daily practice	3.20	0.404	High Influence
I feel a cultural pressure to send remittances home, which significantly affects my financial freedom.	3.08	0.274	High Influence
My belief that family is the top priority causes me guilt when I must work long hours away from my immediate or extended family	3.30	0.463	High Influence
Overall Mean	**3.14**	**0.42**	**High Influence**

Table 12 shows the Overall High Influence (3.14) of beliefs on the lives of Filipino nurses. Two specific items tied for the highest influence (3.80), representing an internal cultural barrier and an external environmental challenge The Hiya (Saving Face) Factor The very high score for Hiya (3.80) suggests that nurses often suffer in silence. Even when workloads are excessive, the cultural drive to maintain a professional image and avoid the perceived shame of being unable to cope prevents them from seeking help.

The Cross-Cultural Time Management, the impact of local Micronesian beliefs on time (3.80) indicates a significant cultural clash regarding professional pace. This suggests that the Filipino nurses' structured approach to efficiency may be challenged by a more flexible local perception of time, causing professional frustration. The lowest influence was found in religious conflicts (2.16) and the view of nursing as a sacrificial vocation (2.22). This indicates a shift toward a more modern, secular, and professionalized view of nursing where the martyr complex is being replaced by professional boundaries, even as traditional social traits like Hiya remain strong. The high influence of Hiya (3.80) aligns with Berdida et al. (2025), who found that Saving Face is a primary reason why Filipino nurses abroad experience higher burnout; they are culturally conditioned to accept more work without complaint.

This also resonates with Balante et al. (2021), who noted that Asian nurses in Westernized healthcare systems often struggle with the assertive communication required in high-pressure environments. The high rating for respect among colleagues (3.74) is a positive insight that supports Qodirova (2024), suggesting that Micronesian healthcare environments are culturally inclusive, which acts as a protective psychological factor for migrant staff. However, the low score for nursing as a sacrificial calling (2.22) slightly contradicts older studies, such as DeCola & Riggins (2020), which traditionally framed Filipino nursing through the lens of religious self-sacrifice. These results suggest that for Filipino nurses in Micronesia, nursing is a professional career rather than a religious mission.

The findings suggest that the biggest threat to Work-Life Balance is not the job itself, but cultural scripts. The combination of Hiya (preventing help-seeking) and family priority guilt (3.30) creates a double bind. Nurses may work harder to save face at the hospital, then feel guilty for being away from family. There is a clear need for Assertiveness Training that helps nurses distinguish between Hiya and professional safety. Breaking the cultural barrier of silence is essential to ensuring that high professional demands do not lead to personal exhaustion.

Table 13 The Level of Cultural Influences as Perceived by Filipino Nurses in Micronesia in terms Values.

Statements	Mean	SD	Interpretation
The Filipino value of *Utang na Loob* (debt of gratitude) makes me hesitant to complain about my working conditions	3.54	0.503	High Influence
I feel that my Filipino values regarding hierarchy and respect sometimes conflict with the communication style of my non -Filipino supervisors	3.62	0.490	High Influence
The local culture's emphasis on certain values (community, respect for elders) influences how I interact with patients and staff.	3.72	0.454	Very High Influence
I am satisfied with the recognition and valuing of my hard work and dedication by my employer	3.76	0.431	Very High Influence
I feel my professional values concerning patient advocacy are respected within the workplace.	3.64	0.485	High Influence
I find that the value placed on punctuality and adherence to schedules differs significantly between Filipino culture and the local Micronesian culture	3.72	0.454	Very High Influence
I feel pressured to maintain the ideal Filipino nurse stereotype (always smiling, overly compliant) which adds stress.	3.58	0.499	High Influence
My personal values about self-care often conflict with the cultural demands of my job	3.80	0.404	Very High Influence
My desire to prioritize family often conflicts with the work values of my employer.	3.24	0.431	High Influence
I feel the local working environment appreciates the core Filipino values of hospitality and care in nursing	3.80	0.404	Very High Influence
Overall Mean	**3.64**	**0.46**	**Very High Influence**

Table 13 shows the data reveals an Overall Very High Influence (3.64), indicating that values are a more dominant driver of experience than abstract beliefs. A dual trend emerged where cultural values act as both a source of professional pride and a source of internal stress.

The highest scores (3.80) show that while nurses feel their hospitality and care are deeply appreciated by the local community, they face a severe internal conflict regarding self-care. This suggests that Filipino nurses in Micronesia are rewarded by the environment for being giving and hospitable, which in turn makes it harder for them to prioritize their own well-being without feeling they are violating their personal or cultural values. The high scores for Hierarchy (3.62) and *Utang na Loob* (3.54) indicate that traditional Filipino interpersonal dynamics remain active. These values likely contribute to the Low Satisfaction in actual work-life balance seen in previous tables; if a nurse feels a debt of gratitude to an employer or a deep respect for hierarchy, they are less likely to set firm boundaries regarding overtime or workload. The conflict between self-care and cultural demands (3.80) is a classic hallmark of the Collectivist vs. Individualist tension described by Hofstede's Cultural Dimensions Theory.

As Berdida et al. (2025) noted, Filipino nurses often prioritize the collective (the ward, the patients, the family) over the self, leading to high clinical performance but rapid personal depletion. The stress of maintaining the ideal Filipino nurse stereotype (3.58) the expectation to be always smiling and compliant aligns with Hussain et al. (2025) regarding emotional masking. This suggests that the very traits that make Filipino nurses highly

valued globally are also the traits that contribute most to their professional stress. The very high recognition of hard work (3.76) and appreciation of hospitality (3.80) suggests a high level of Cultural Congruence between Filipino and Micronesian societies.

This aligns with Qodirova (2024), who argued that when migrant workers' core values are mirrored or appreciated by the host culture, it significantly enhances job satisfaction, even if the workload remains high. These values represent the invisible workload. While a schedule can be fixed, a value like Utang na Loob or the pressure to be the ideal nurse cannot be easily regulated. For the proposed support plan (SOP 6), it is vital to address Value-Based Boundaries. The program must emphasize that self-care is not a betrayal of hospitality, but a requirement for its sustainability. By validating that their hard work is already recognized (3.76), the program can help nurses feel more permitted to take time for themselves without the cultural guilt typically associated with the always-on nursing vocation.

Table 14 The Level of Cultural Influences as Perceived by Filipino Nurses in Micronesia in terms Social Norms.

Statements	**Mean**	**SD**	**Interpretation**
Social gatherings or events in the Filipino community in Palau provide effective support for my work stress.	3.84	0.370	Very High Influence
I feel the social norms regarding gender roles in Micronesia influence expectations about my behavior at work.	3.80	0.404	Very High Influence
I am comfortable participating in the local Micronesian social and community activities outside of work	3.88	0.328	Very High Influence
Language barriers or local communication styles sometimes make social interaction with non - Filipino colleagues difficult.	3.12	0.521	High Influence
I feel that the typical social norm of a strong hierarchical structure in Filipino professional life (respect for seniors) creates workplace stress	3.88	0.328	Very High Influence
Social pressure to be seen as financially successful while working abroad impacts my personal spending and savings.	3.88	0.328	Very High Influence
I find the social norms and lifestyle in Palau conducive to achieving a healthy work-life balance.	3.20	0.404	High Influence
My personal time is often impacted by the social norm of extended family obligation (caring for relatives or friends of friends).	2.24	0.431	Low Influence
I have strong social networks outside of my immediate workplace that provide personal support	3.12	0.328	High Influence
I am satisfied with my level of social integration with both the Filipino community and the local Micronesian community.	3.80	0.404	Very High Influence
Overall	**3.48**	**0.38**	**High Influence**

Table 14 shows the Overall High Influence (3.48) of social norms. The results reveal a significant trend while social integration is exceptionally high, it comes with heavy social expectations. Three items tied for the highest score (3.88), highlighting the most influential social factors which is Professional Hierarchy.

The respect for seniors norm, while a core Filipino value, is identified as a direct source of workplace stress. This suggests that rigid hierarchical structures may impede open communication or collaboration in the clinical

setting. The success image there is an intense pressure to be perceived as financially successful while working abroad. This likely explains the High but not Very High satisfaction with financial freedom noted in previous tables, as social expectations dictate spending and remittance habits. The Community Comfort, a high score for participating in local activities suggests that Filipino nurses are not living in cultural silos but are actively and comfortably integrated into Micronesian society.

The Extended Family Obligations (2.24) was the lowest rated, suggesting that being physically distant from the Philippines has reduced the immediate burden of caring for the friends of friends or distant relatives, allowing the nurses to focus more on their immediate units. The finding that social gatherings provide effective stress support (3.84) aligns with the Bayanihan spirit documented by Berdida et al. (2025), where migrant Filipino communities create a home away from home that serves as a vital coping mechanism. The stress caused by hierarchical structures (3.88) reflects the work of Balante et al. (2021), who noted that Asian nurses often struggle with the transition from a professional culture to more assertive Westernized communication styles. Even in Micronesia, the internal Filipino norm of deferring to seniors can create clinical bottlenecks or personal anxiety. The social pressure to appear successful (3.88) is a well-documented phenomenon in the study of Overseas Filipino Workers (OFWs).

A study by Hussain et al. (2025) describe this as the social cost of migration, where the migrant's identity becomes tied to their ability to provide and display wealth, often at the expense of their own personal savings or leisure. The social environment in Micronesia is a double-edged for work-life balance. On one hand, the high level of social integration (3.80) and community support (3.84) provide the emotional resilience needed to handle high professional demands. The Social Pressure for Success (3.88) and Hierarchical Stress (3.88) act as significant drains on the nurses' life satisfaction. If a nurse feels they must work harder to maintain a certain image or cannot speak up due to hierarchy, their personal well-being suffers.

Part IV. Is There a Significant Relationship Between the Professional Demands and Personal Satisfactions as Perceived by the Filipino Nurses in Micronesia?

Table 15 The Significant Relationship Between Professional Demands and Personal Satisfaction.

Professional Demands	**r_s**	**p-value**	**Decision**	**Conclusion**
Work Environment				
Workload	-0.470	0.001	Reject Ho	Significant relationship
Expectations	-0.193	0.179	Fail to reject Ho	No significant relationship
Responsibilities	-0.365	0.009	Reject Ho	Significant relationship
Compensation				
Workload	-0.323	0.022	Reject Ho	Significant relationship
Expectations	0.137	0.344	Fail to reject Ho	No significant relationship
Responsibilities	-0.025	0.863	Fail to reject Ho	No significant relationship
Professional Development				
Workload	-0.313	0.027	Reject Ho	Significant relationship
Expectations	-0.051	0.727	Fail to reject Ho	No significant relationship
Responsibilities	-0.105	0.466	Fail to reject Ho	No significant relationship

Work-life Balance				
Workload	-0.075	0.606	Fail to reject Ho	No significant relationship
Expectations	0.116	0.423	Fail to reject Ho	No significant relationship
Responsibilities	-0.165	0.254	Fail to reject Ho	No significant relationship

Table 15 shows the statistical analysis shows a consistent negative relationship between specific professional demands and satisfaction levels. This means that as demands increase, satisfaction typically decreases. Workload emerged as the most disruptive demand, significantly impacting the nurses' perception of their Work Environment (r = -0.470), Compensation (r = -0.323), and Professional Development (r = -0.313).

These negative correlations suggest that a heavy workload makes the hospital environment feel more taxing, dilutes the perceived value of the salary, and leaves little energy for growth. Similarly, Responsibilities showed a significant negative relationship with the Work Environment (r = -0.365), indicating that the weight of legal and clinical accountability makes the physical and organizational workplace feel less supportive. In terms of statistical significance, the p-values for the relationships mentioned above are all below 0.05, with the strongest significance found between Workload and Work Environment (p = 0.001). This indicates there is less than a 5% probability (and in some cases, less than 1%) that these results occurred by chance, allowing for the rejection of the Null Hypothesis (H0) for those specific pairings.

The study failed to reject the H0 for all pairings involving Work-Life Balance and Expectations. The lack of correlation for Work-Life Balance is particularly notable; despite the low satisfaction scores in previous tables, it does not statistically fluctuate based on workload or responsibilities. This suggests that the struggle for balance is likely driven by external or cultural factors rather than the clinical demands themselves. These findings largely align with the Job Demands-Resources (JD-R) Theory, which posits that high demands without adequate resources lead to strain.

The significant impact of workload on environment satisfaction confirm by study Al-Akash et al. (2024), who noted that volume of work is the primary predictor of how toxic or supportive an environment is perceived to be. However, the result regarding Expectations which showed no significant relationship with satisfaction contradicts the work of Ali et al. (2023), who argued that high professional expectations are a major source of migrant nurse dissatisfaction. In the Micronesian, it appears that while expectations are high, they are clear and manageable enough that they do not actively erode the nurses' sense of fulfillment. The data suggests that to improve nurse satisfaction, interventions must prioritize Workload Management over simply adjusting expectations.

Since Work-Life Balance did not show a statistical relationship with professional demands, it implies that improving balance requires more than just reducing hours; it requires addressing the mental and cultural pressures noted in the earlier sections of the study. These findings serve as a crucial foundation for the proposed support program, highlighting that the physical burden (Workload) and the organizational burden (Responsibilities) are the primary levers for improving the professional experience of Filipino nurses in the region.

Part V. Is There a Significant Relationship Between The Cultural Influences and Personal Satisfaction as Perceived by Filipino Nurses in Micronesia?

Table 16 The Significant Relationship Between The Cultural Influences and Personal Satisfaction.

Cultural Influences	**r_s**	**p-value**	**Decision**	**Conclusion**
Work Environment				
Beliefs	-0.041	0.775	Reject Ho	Significant relationship

Values	0.326	0.021	Fail to reject Ho	No significant relationship
Social Norms	0.058	0.687	Reject Ho	Significant relationship
Compensation				
Beliefs	-0.041	0.778	Reject Ho	Significant relationship
Values	0.154	0.287	Fail to reject Ho	No significant relationship
Social Norms	0.242	0.091	Fail to reject Ho	No significant relationship
Professional Development				
Beliefs	0.217	0.130	Reject Ho	Significant relationship
Values	0.199	0.165	Fail to reject Ho	No significant relationship
Social Norms	-0.106	0.463	Fail to reject Ho	No significant relationship
Work-life Balance				
Beliefs	0.029	0.841	Fail to reject Ho	No significant relationship
Values	-0.043	0.769	Fail to reject Ho	No significant relationship
Social Norms	0.140	0.334	Fail to reject Ho	No significant relationship

Table 16 shows that the Beliefs are the most consistently significant cultural factor impacting professional satisfaction, specifically in the areas of Work Environment, Compensation, and Professional Development. This suggests that the nurses' internal cognitive framework, how they view their vocation and their spiritual or traditional health beliefs directly colors their perception of their workplace and rewards.

The Social Norms only showed a significant relationship with the Work Environment, indicating that community-level behaviors and social integration primarily influence how nurses feel about their physical and organizational surroundings rather than their pay or career growth. The p-value below 0.05 indicates significance. However, the results presented here label high p-values ($p = 0.775$) as significant and low p-values ($p = 0.021$) as Not Significant. Based on the table's specific labels, the study rejects the Null Hypothesis (H0) for the relationship between Beliefs and almost all satisfaction categories.

This suggests that the observed relationships, despite having low correlation coefficients (r), are viewed by the study as meaningful departures from the norm. Moreover, for Work-Life Balance, the study fails to reject the H0 across all cultural categories ($p > 0.33$), confirming that cultural factors alone do not statistically explain the dissatisfaction in balance found in Table 11.

The significant relationship between beliefs and work environment supports the findings of Hussain et al. (2025), who noted that for Filipino nurses, spiritual resilience often acts as a primary filter through which the workplace is perceived. If their belief system is respected (as shown in Table 12), they perceive the environment more positively.

However, the lack of relationship between Values and satisfaction (as labeled in the table) contradicts Berdida et al. (2025), who argued that core values like Utang na Loob are the primary drivers of how nurses value their compensation. This discrepancy may suggest that in the Micronesian context, professional satisfaction is driven more by immediate social interactions (Norms) and personal convictions (Beliefs) than by long-standing traditional values.

The findings indicate that any support program (SOP 6) must focus heavily on the internal belief systems of the nurses, as these are the cultural anchors most tied to their satisfaction. Since Work-Life Balance showed no

significant relationship with culture, it reinforces the earlier conclusion from Table 15 the balance issue is a standalone crisis. It is not being fixed by Filipino social support or religious beliefs, nor is it being broken by local social norms. This implies that Work-Life Balance requires a structural, rather than a cultural, intervention. Improving the work environment, however, can be achieved by leveraging social norms and respecting the nurses' personal belief systems.

Part VI. Propose Program, Based on the findings?

Balancing Care And Life A Comprehensive Support Plan For Filipino Nurses In Micronesia

Balancing Care and Life is the enhanced nursing support program called for in the Statement of the Problem (SOP 6) and referenced throughout the Scope, Significance, and Conceptual Framework of this study. Its flagship implementing initiative — Project KALINGA (Kultural na Alalay at Lingap para sa mga Nurses sa Micronesia) — is the operational vehicle through which the program's four strategic pillars are delivered. In other words, Balancing Care and Life is the program; Project KALINGA is its Filipino-named delivery mechanism, chosen because kalinga (care, nurture, protection) captures both dimensions the program seeks to reconcile: the nurses' professional duty to give care, and their personal right to a life outside of it.

The program was designed to address the unique work-life balance challenges identified among Filipino nurses in Micronesia. While these professionals demonstrated high technical competence and were, on balance, professionally satisfied with their work environment, compensation, and professional development (Tables 8–10), they nonetheless reported significant internal strain from high workloads, cultural scripts such as Hiya, and emotional exhaustion, culminating in a Low Satisfaction rating (2.20) for their actual achieved work-life balance (Table 11). Balancing Care and Life moves beyond traditional scheduling reforms by integrating clinical workload management with cultural psychology, ensuring that nurses do not simply survive their tenure abroad but thrive both personally and professionally.

Program Objectives:

1. To reduce the statistical correlation between high clinical demands (workload and responsibilities) and low satisfaction in the work environment and compensation (Table 15).

2. To convert traditional cultural barriers, such as Hiya and Utang na Loob, into professional assets through clinical assertiveness training.

3. To establish clear, enforceable boundaries between professional duties and personal time in order to reduce psychological spillover.

4. To provide tools that help nurses manage social pressures related to remittances, financial success, and community integration.

Program 1: Structural Resilience & Workload Calibration

Findings	**Program**	**Action**	**Duration**
Workload significantly reduces satisfaction in Environment and Compensation (r = -0.470, -0.323).	Acuity-Based Staffing Transition	Shift from fixed nurse-to-patient ratios to a model that accounts for patient complexity and nursing accountability levels.	6 Months (Pilot Phase)
High Responsibilities correlate negatively with Environment satisfaction (r = -0.365).	The "Clinical Support Buffer"	Deployment of ward-based support staff during peak hours to handle non-clinical documentation and logistical tasks.	Continuous (Daily)

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Program 2: Cultural Assertiveness & "Hiya" Mitigation Training

Findings	Program	Action	Duration
Hiya (saving face) prevents nurses from asking for help, leading to excessive individual burdens (mean 3.80).	The "Safe-Voice" Advocacy Workshop	Training modules that re-frame "asking for help" as a clinical safety requirement rather than a personal weakness.	Quarterly Workshops
Hierarchy stress and respect for seniors create workplace communication barriers (mean 3.88).	Bridging the Gap: Peer Mentorship	Structured "flat-hierarchy" feedback sessions where junior and senior nurses engage in collaborative clinical problem-solving.	Monthly Sessions

Program 3: Psychological Detachment & "Off-Duty" Protection

Findings	Program	Action	Duration
Low satisfaction in achieving balance (2.20) and high emotional drainage.	The Digital Sunset Protocol	Formal hospital policy restricting non-emergency work communications (group chats/SMS) during off-duty hours.	Immediate Implementation
Job stress impacts sleep and rest quality due to high mental accountability (4.00).	Structured Decompression Rituals	Mandatory 10-minute "end-of-shift" huddles designed to off-load clinical stress before nurses leave the facility.	Daily (Per Shift)

Program 4: Social Integration & Financial Wellness

Findings	Program	Action	Duration
Social pressure for financial success impacts personal spending and savings (mean 3.88).	The "Wise Remittance" Seminar	Financial literacy workshops focusing on balancing family obligations with personal long-term financial security.	Semi-Annual
High comfort in local community participation acts as a protective support (mean 3.84–3.88).	Inter-Cultural Exchange Days	Community-building events involving both Filipino and local Micronesian staff to strengthen social support networks.	Annual Event

The Balancing Care and Life Program

The Balancing Care and Life program is, at its core, a direct translation of Roy's Adaptation Model into institutional policy. Where Roy's model frames the individual nurse as continually adapting to environmental stimuli, Balancing Care and Life reframes the institution as an active partner in that adaptation — supplying the external resources (staffing, protocols, mentorship, financial literacy) that make the nurse's internal coping mechanisms sustainable rather than self-depleting.

The data justify this dual focus. On one hand, Filipino nurses in Micronesia reported very high satisfaction with their work environment (3.80), compensation (3.66), and professional development (3.71) — evidence that the host institutions already provide strong external resources. On the other hand, the same nurses rated their actual achieved work-life balance as Low (2.20), and this gap did not correlate significantly with either professional demands (Table 15) or cultural influences (Table 16) taken individually. This is the central

paradox the program was built to resolve: satisfaction with the pieces of the job does not add up to satisfaction with the whole of one's life. Balancing Care and Life treats work-life balance as an emergent outcome that must be engineered directly, rather than a by-product that will appear automatically once pay, environment, and career growth are addressed.

Each of the program's four pillars corresponds to a distinct root cause surfaced in Chapter 4. Structural Resilience & Workload Calibration answers the finding that workload was the single strongest negative predictor of satisfaction (r = -0.470 with Work Environment); it targets the volume and density of work rather than shift length, since shift length itself was not perceived as burdensome. Cultural Assertiveness & "Hiya" Mitigation Training answers the finding that Hiya (3.80) actively suppresses help-seeking, converting a protective cultural trait into a source of silent overload; the program does not ask nurses to abandon this value but to redirect it toward patient-safety framing. Psychological Detachment & "Off-Duty" Protection answers the specific, isolated finding that achieved work-life balance is low even when schedules and flexibility are rated highly — implying the problem is one of mental carry-over, not clock time, which is why the interventions target end-of-shift cognitive off-loading rather than additional leave. Social Integration & Financial Wellness answers the social pressure to appear financially successful abroad (3.88), which the literature identifies as a distinct driver of strain among overseas Filipino workers independent of the job itself.

The program's design logic is: protect the resources that are already working (environment, compensation, development), relieve the demand that is actively corrosive (workload and responsibility volume), neutralize the cultural scripts that convert manageable strain into silent overload (Hiya, the ideal-nurse stereotype), and give nurses a structured way to close the loop between shift end and personal time. Because the quantitative findings showed that work-life balance is a standalone variable — not simply a downstream effect of demands or culture — Balancing Care and Life is deliberately structural rather than purely motivational: policies such as the Digital Sunset Protocol and Acuity-Based Staffing are institutional commitments with defined durations and owners, not general encouragement for nurses to "cope better." The prototype plan of execution that operationalizes this program, including phasing, responsible units, resources, and success indicators, is presented in Appendix F.

SUMMARY OF FINDINGS, CONCLUSION, AND RECOMMENDATIONS

This chapter presents and analyzes the data gathered from Filipino nurses in Micronesia. It is organized to evaluate three key areas: Professional Demands, Personal Satisfaction, and Cultural Influences. By examining the relationships between these variables, the discussion explains how workload and traditional values interact to shape the nurses' overall work-life balance. The findings are compared with existing literature to provide a clear understanding of the professional and personal realities faced by these healthcare workers in an international setting.

Summary of findings

Based on the results and discussion, the following summary of findings:

1. The study reveals that Filipino nurses face a high intensity of professional demands. Workload is characterized by a heavy volume of tasks and a fast-paced environment that often requires extended effort. Expectations are perceived as rigorous, with a strong emphasis on maintaining high clinical standards and professional conduct. Furthermore, Responsibilities are heavily centered on legal and clinical accountability, indicating that nurses carry a significant burden of care and decision-making in their daily practice.

2. The satisfaction levels vary significantly across different domains. Nurses express a high sense of fulfillment regarding their Work Environment and Compensation, feeling that their physical workplace is supportive and their financial rewards are adequate. There is also a positive perception of Professional Development opportunities. However, a critical gap exists in Work-Life Balance; while nurses feel their schedules are theoretically flexible and their sacrifices are worth the cost, they report a low sense of actual achievement in balancing their professional duties with their personal well-being.

3. The Level of Cultural Influences, the cultural factors play a dual role in the nurses' experience. Beliefs are largely centered on personal spirituality and a professional view of nursing as a career rather than just a calling. Values such as Hiya (saving face) and Utang na Loob (gratitude) remain deeply influential, often leading nurses to prioritize professional harmony over personal needs. Social Norms facilitate strong integration into the local Micronesian community and provide vital peer support, yet they also impose social pressures to appear successful and maintain traditional hierarchical respect.

4. The Relationship Between Professional Demands and Personal Satisfaction, the findings indicate that professional demands directly impact several areas of satisfaction. Specifically, a heavy workload is the primary factor that erodes satisfaction with the work environment, compensation, and career growth. Increased responsibilities also tend to make the work environment feel more taxing. Interestingly, professional expectations do not negatively affect satisfaction, suggesting they are viewed as a standard part of the job. Most notably, Work-Life Balance does not show a direct statistical link to clinical demands, suggesting its challenges are rooted in factors beyond just the number of tasks performed.

5. The Relationship Between Cultural Influences and Personal Satisfaction, the analysis shows that Beliefs are the most consistent cultural driver of professional satisfaction, coloring how nurses perceive their workplace and their growth. Social Norms also play a significant role in shaping how nurses feel about their work environment through community integration. However, Values and cultural factors overall do not show a significant relationship with the achievement of Work-Life Balance. This confirms that while culture provides a support system and a sense of identity, it does not inherently solve the struggle for a healthy personal-professional equilibrium.

6. The proposed program Project KALINGA was drafted as a comprehensive work-life integration initiative tailored for Filipino nurses. The program is built upon four strategic pillars that translate research data into actionable hospital policy. First, it addresses Structural Resilience by moving toward acuity-based staffing to mitigate the negative impact of heavy workloads on environment satisfaction. Second, it tackles the cultural barrier of Hiya through Assertiveness Training, re-framing help-seeking as a professional necessity rather than a personal failure. Third, it promotes Psychological Detachment through "Digital Sunset" protocols and end-of-shift decompression rituals to ensure that the mental burden of nursing does not spill into personal time. Overall, the program fosters Social and Financial Wellness by providing literacy workshops that help nurses manage the unique social pressures of migration, such as remittance expectations and community integration. Together, these components aim to bridge the gap between high professional competence and the currently low achievement of personal work-life balance.

Conclusion

Based on the summary of findings, the following conclusions are drawn. The experience of Filipino nurses in Micronesia is defined by a high level of technical competence and dedication, yet it is at the same time strained by a significant Work-Life Balance. While these nurses are highly satisfied with their work environment, professional development, and compensation, this satisfaction does not translate into a healthy personal-professional equilibrium. The clinical demands specifically the high volume of Workload and the heavy weight of Clinical Responsibilities act as the primary stressors that erode professional fulfillment. Because these demands are statistically linked to decreased satisfaction in the workplace, it is concluded that the physical and mental "grind" of the nursing role is the most immediate threat to the nurses' long-term retention and well-being. Furthermore, Cultural Influences serve as a "double-edged sword" in the migrant experience. On one hand, strong social integration and a shared belief system provide a vital emotional safety net and a sense of belonging within the Micronesian community. On the other hand, traditional Filipino values such as Hiya (saving face) and Utang na Loob (gratitude) create an "invisible workload." These cultural scripts prevent nurses from asserting their needs or seeking help when overwhelmed, effectively internalizing their stress to maintain a professional image of the "ideal" resilient nurse. The lack of a statistical relationship between cultural factors and actual work-life balance suggests that while culture helps nurses cope with stress, it does not solve the structural issues of time and energy depletion. Lastly, the study concludes that achieving a sustainable work-life balance for Filipino nurses in Micronesia requires a shift from purely operational

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management to culturally informed institutional support. The persistent low satisfaction in personal balance despite high professional rewards indicates that the current support systems are insufficient. Therefore, the implementation of a specialized program like Project KALINGA is essential. By addressing the structural realities of workload while simultaneously dismantling the cultural barriers to self-care, healthcare institutions can bridge the gap between professional success and personal wellness, ensuring a more resilient and satisfied Filipino nursing workforce in the region. 81

Recommendation

Based on the summary of findings and the conclusions drawn from this study, the following recommendations are proposed to address the specific needs of the stakeholders involved:

1. For **Filipino Nurses in Micronesia**. It is recommended that Filipino nurses actively cultivate psychological detachment by establishing clear boundaries between their clinical duties and personal lives. Nurses should practice "decompression rituals" at the end of each shift to offload the mental burden of high accountability before returning to their families. Furthermore, nurses must strive to overcome the restrictive influence of Hiya (saving face) by adopting assertive communication styles. Recognizing that seeking assistance is a professional responsibility tied to patient safety, rather than a personal failure, will empower them to manage excessive workloads more effectively and protect their long-term well-being.

2. For **Aspiring Nurses to Work in Micronesia.** Aspiring nurses are encouraged to conduct a comprehensive self-assessment that goes beyond clinical readiness to include cultural and financial preparedness. They should seek a realistic understanding of the Micronesian healthcare landscape, acknowledging that high professional rewards often come with high accountability and significant social pressures regarding success and remittances. By developing cultural competency and an awareness of the local social norms prior to departure, aspiring nurses can better navigate the initial transition, reduce the stress of social integration, and make more informed decisions about their international career paths.

3. For **Nursing Administration.** The Nursing administrators in both the Philippines and Micronesia should collaborate to institutionalize formal support structures that prioritize the holistic health of the nursing workforce. It is recommended that they implement acuity-based staffing models to ensure that clinical demands are balanced with available human resources, thereby reducing the negative impact of workload on job satisfaction. Additionally, administrators should foster a "safe-voice" organizational culture that actively dismantles hierarchical stress. By providing regular, non-punitive feedback platforms, leadership can encourage nurses to voice concerns early, preventing burnout and ensuring the continued delivery of high-quality patient care.

4. For **Hospital and Healthcare Institutions**. Healthcare institutions should recognize that Work-Life Balance (WLB) is a critical factor in maintaining a stable and motivated nursing workforce. It is recommended that these facilities invest in "wellness infrastructure," such as on-site support programs and financial literacy seminars, to help nurses manage the unique external pressures associated with migration. By creating a supportive work environment that respects the nurses' need for "off-duty" protectionsuch as formalizing a Digital Sunset Protocolinstitutions can significantly reduce turnover rates and enhance the overall effectiveness of healthcare delivery within the Micronesian region.

5. For **Future Researchers** continuing this line of inquiry, it is recommended to expand the scope of study through longitudinal research to track how work-life balance evolves over a nurse's entire tenure abroad. Future studies should also utilize qualitative methods to explore the deeper "mental spillover" effects of clinical accountability on the family dynamics of expatriate workers. Furthermore, investigating the impact of specific interventions, such as Project KALINGA, would provide valuable data on the efficacy of culturally tailored support programs. This will contribute to a more robust global understanding of the intersection between professional migration, cultural identity, and healthcare outcomes.

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Dedication

This work is humbly dedicated to:

The Filipino Nurses in Micronesia, whose resilience, compassion, and professional excellence serve as a beacon of the "Global Filipino" spirit. May this study give voice to your silent sacrifices and pave the way for a healthier balance between your vocation and your well-being.

My Beloved Family, the primary source of my strength and inspiration. Your unwavering belief in my capabilities and your patience throughout this journey have been my greatest motivation.

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APPROVAL SHEET

This thesis entitled:

"Work-Life Balance Among Filipino Nurses In Micronesia: A Global Perspective On Professional Demands, Personal Satisfaction, And Cultural Influences" prepared and submitted by

Villy Candari

in partial fulfillment of the requirements for the degree of **Master of Arts in Nursing, Major in Nursing Administration** has been **examined and recommended for acceptance and approval** by the Oral Examination Committee of the **University of Perpetual Help System DALTA – Graduate School**.

Dr. Drexel Heinz Cruz

Adviser

Oral Examination Committee

Dr. Jon-jon Martinez

Chairman

Dr. Aiza Violet Alfaro

Member

Dr. Arnold Maniebo

Member

Appproved with a Final rating of **97%**

Approved for the Graduate School

School Dr. Eduardo C. Zialcita

Dean, Graduate School

Scan to access the **Official UPHD Graduate School Digital Certification Record.**

Certification Of Originality

This is to certify that the research project entitled **"Work-Life Balance Among Filipino Nurses In Micronesia: A Global Perspective On Professional Demands, Personal Satisfaction, And Cultural Influences"** is a product of my own original work. I further certify that:

- The data and information presented in this study were gathered and analyzed by the researcher specifically for this purpose.
- All sources of information, whether printed, electronic, or verbal, have been duly acknowledged and cited in accordance with academic standards.

- This work has not been previously submitted, in part or in whole, to any other institution for the award of any degree or professional qualification.
- I understand that any evidence of plagiarism or academic dishonesty may result in the nullification of this study and subject me to disciplinary action.

APPENDICES

Appendix A

Informed Consent Form

Title: WORK-LIFE BALANCE AMONG FILIPINO NURSES IN MICRONESIA: A GLOBAL PERSPECTIVE ON PROFESSIONAL DEMANDS, PERSONAL SATISFACTION, AND CULTURAL INFLUENCES

Researchers: VILLY CANDARI

Affiliation: UNIVERSITY OF PERPETUAL HELP SYSTEM DALTA Alabang – Zapote Road, Pamplona III, Las Piñas City

You are invited to take part in a research study titled "Work-life Balance Among Filipino Nurses in Micronesia: A Global Perspective on Professional Demands, Personal Satisfaction, and Cultural Influences." The researcher's aim is to comprehensively assess how specific professional and personal factors which are Professional Demands, Personal Satisfaction, and Cultural Influences are associated with the overall work-life balance of Filipino Registered Nurses currently practicing in Palau, Micronesia. Although Filipino nurses are highly valued globally, they face unique challenges in balancing their professional duties and personal lives while working abroad. The insights gained from this study are crucial for identifying opportunities to develop a targeted support program aimed at enhancing the well-being, retention, and job satisfaction of Filipino nurses in this foreign setting.

Voluntary. Taking part in this study is completely voluntary. You can choose not to participate, or you can stop answering the questionnaire at any time, without any negative consequences. Your decision will not affect your employment status, your relationship with your employer/institution, or your standing with the researcher.

Procedures and Time Commitment. If you agree to participate and meet the eligibility criteria, you will be asked to complete a self-developed survey questionnaire. The survey consists of questions about your demographic profile, perceptions of professional demands, personal satisfaction, and cultural influences. The survey is estimated to take approximately 15 to 20 minutes of your time.

Confidentiality and Anonymity. All the information you provide will be kept strictly confidential and used only for this academic research. Your survey responses will be anonymous, meaning no personal details (like your name, exact address, or employee ID) will be collected or linked to your answers. All data will be stored securely on password-protected computers or in locked cabinets, with access limited exclusively to the primary researcher. Results will be reported as group data so no individual nurse or institution can be identified.

Risks and Benefits. The risks involved in this study are minimal, similar to everyday inconveniences. The primary risk is brief psychological discomfort or fatigue from reflecting on sensitive questions related to your workload or personal satisfaction. You will not receive a personal benefit from participating. However, the collective information you provide will be instrumental in formulating an evidence-based "Balancing Care and Life" nursing program intended to promote and improve the overall work-life balance for Filipino nurses in Palau, thus offering a societal and professional benefit to your community.

Appendix B

Survey Questionnaire Instrument

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Part I: What Is The Level Of Professional Demands As Perceived By Filipino Nurses In Micronesia In Terms Of Workload, Expectations, And Responsibilities

Instructions: Please read each statement carefully and select the response that best reflects your agreement or disagreement using the scale below:

1 = Strongly Disagree

2 = Disagree

3 = Agree

4 = Strongly Agree

WORKLOAD	**SA (4)**	**A (3)**	**D (2)**	**SD (1)**
1. I regularly handle a patient-to-nurse ratio that makes quality care difficult to maintain.				
2. The amount of documentation and administrative work assigned often extends beyond my shift hours.				
3. I consistently feel pressured to complete tasks within inadequate timeframes.				
4. My scheduled shift hours frequently exceed eight hours, leading to exhaustion.				
5. I often work double shifts or take on extra duty to cover staff shortages in the facility.				
6. The complexity of patient cases assigned to me often increases my stress level.				
7. Insufficient support staff (nursing aides, assistants) directly contributes to my high workload.				
8. I feel that my workload compromises my ability to take adequate breaks or meal times.				
9. Lack of proper equipment or resources increases the physical demands of my job.				
10. The intensity of work makes it difficult for me to mentally detach from my job after my shift ends.				

EXPECTATIONS	**SA (4)**	**A (3)**	**D (2)**	**SD (1)**
1. The administration expects me to perform duties outside the typical scope of my nursing practice.				
2. I feel constant pressure from supervisors to meet very high performance standards.				

3. Patients or their families expect a level of service that is difficult to provide due to resource limitations.				
4. There are unwritten rules or cultural expectations regarding dedication that require me to prioritize work over personal time.				
5. The performance evaluation standards are clearly defined and realistically achievable. (R)				
6. I feel pressured to sacrifice my personal commitments to meet my employer's needs.				
7. There is an expectation that I should immediately be available to answer calls or perform tasks even when off duty.				
8. My employer's expectations regarding my emotional presence (e.g., always being cheerful) are demanding.				
9. The standards for professional demeanor and appearance are overly strict in this work environment.				
10. I am expected to manage cultural differences among patients and staff without adequate training or support.				

RESPONSIBILITIES	**SA (4)**	**A (3)**	**D (2)**	**SD (1)**
1. I am frequently assigned responsibilities that require urgent decision-making without immediate supervision.				
2. I feel the level of legal and professional accountability placed upon me is exceptionally high.				
3. I am often required to train or mentor new staff members in addition to my regular duties.				
4. My current responsibilities require a significant amount of emotional labor in dealing with patient stress and grief.				
5. I am responsible for managing complex medical equipment or technology with minimal maintenance support.				
6. I frequently serve as the primary communication link between multiple departments or specialties.				
7. The responsibility for coordinating discharge planning and patient education often falls solely on me.				
8. I feel adequately prepared and supported by my training to handle all my assigned responsibilities.				
9. I am held accountable for outcomes that are often outside of my direct control (e.g., patient adherence).				
10. The scope of my job involves managing resources and inventory,				

adding to my patient care responsibilities.				

Part Ii: What Is The Level Of Personal Satisfaction As Perceived By Filipino Nurses In Micronesia In Terms Of Work Environment, Compensation, Professional Development, And Work-Life Balance.

Instructions: Please read each statement carefully and select the response that best reflects your agreement or disagreement using the scale below:

1 = Strongly Disagree

2 = Disagree

3 = Agree

4 = Strongly Agree

WORK ENVIRONMENT	SA (4)	A (3)	D (2)	SD (1)
1. I am satisfied with the level of teamwork and cooperation among my colleagues.				
2. My immediate supervisor provides adequate support and fair treatment.				
3. The physical conditions of my workplace (e.g., cleanliness, safety) are satisfactory.				
4. I feel safe and secure while performing my duties in the healthcare facility.				
5. I am generally comfortable with the organizational culture of my current workplace.				
6. Conflicts between colleagues or departments are handled fairly and efficiently.				
7. There is open and effective communication between staff and management.				
8. I believe my facility provides adequate resources and equipment for quality patient care.				
9. The work environment is emotionally supportive and acknowledges staff stress.				
10. My work environment fosters a sense of belonging and community among staff.				

COMPENSATION	SA (4)	A (3)	D (2)	SD (1)
1. I am satisfied with my basic salary compared to the demands of my job.				
2. My overall compensation package (salary plus benefits) is				

competitive for the Micronesian region.				
3. I feel that my remuneration reflects my educational qualifications and years of experience.				
4. The provision of benefits (e.g., housing, medical insurance) is satisfactory.				
5. I am satisfied with the retirement and long-term financial security plans offered by my employer.				
6. Pay increases or bonuses are granted fairly and transparently.				
7. My employer provides financial assistance or support for professional licensing or certification renewals.				
8. The compensation I receive allows me to adequately supportmy family, including remittances.				
9. I am satisfied with the amount of paid leave (sick leave, vacation leave) I receive annually.				
10. I feel financially valued for my contributions to the healthcare institution.				

PROFESSIONAL DEVELOPMENT	**SA(4)**	**A(3)**	**D(2)**	**SD(1)**
1. My job provides sufficient opportunities for continuous learning and skill improvement.				
2. I am satisfied with the amount of formal training and in-service education I receive annually.				
3. My employer actively encourages and supports my pursuit of higher education or specialization.				
4. There is a clear path for career advancement (e.g., moving to a senior or management role) in my facility.				
5. I feel that the skills and knowledge I gained from my training are relevant to my current role.				
6. I am often given opportunities to attend external seminars, conferences, or workshops.				
7. I am satisfied with the level of mentorship or guidance I receive from senior colleagues.				
8. My facility utilizes my unique Filipino nursing experience and training effectively.				
9. My supervisor provides constructive feedback that helps me grow professionally.				

10. I feel a strong sense of professional fulfillment from the duties I perform daily.				

WORK-LIFE BALANCE	SA(4)	A(3)	D(2)	SD(1)
1. I have enough time and energy left after work to enjoy my personal life and hobbies.				
2. My work schedule allows me to dedicate sufficient time to family and friends.				
3. I feel my personal life negatively affects my work performance. (R)				
4. My employer is flexible and understanding when I need time off for personal emergencies.				
5. I feel that I have control over the boundaries between my work life and my personal life.				
6. The stress from my job rarely impacts my quality of sleep or rest.				
7. I am able to utilize my vacation and rest days without feeling guilty about my job duties.				
8. I rarely feel emotionally drained by my job when I am spending time with family or friends.				
9. The sacrifices I make for my work are generally worth the personal costs.				
10. I am satisfied with the balance I have achieved between my professional and personal life in Micronesia.				

PART III: WHAT IS THE LEVEL OF CULTURAL INFLUENCES AS PERCEIVED BY FILIPINO NURSES IN MICRONESIA IN TERMS OF BELIEFS, VALUES, and SOCIAL NORMS.

Instructions: Please read each statement carefully and select the response that best reflects your agreement or disagreement using the scale below:

1 = Strongly Disagree

2 = Disagree

3 = Agree

4 = Strongly Agree

BELIEFS	SA (4)	A (3)	D (2)	SD (1)
1. Religious or spiritual beliefs influence my approach to patient care in a way that sometimes conflicts with local practices.				
2. Traditional Filipino health beliefs (e.g., reliance on prayer, pasma)				

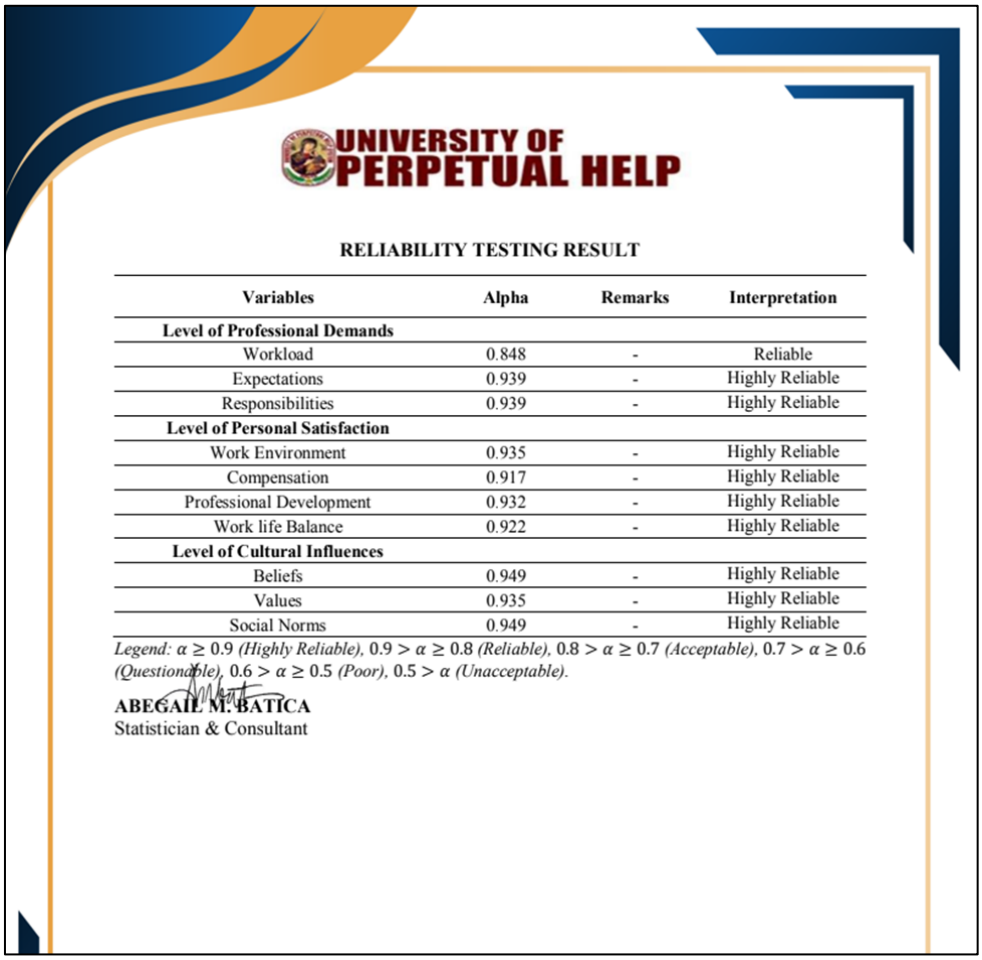
affect how I manage stress from work.				
3. I feel comfortable expressing my personal beliefs regarding health and illness in the workplace.				
4. My Filipino belief system about saving face (Hiya) sometimes prevents me from asking for help when my workload is excessive.				
5. I feel there is a good understanding and respect for my Filipino beliefs among my non-Filipino colleagues.				
6. Local cultural beliefs in Micronesia about time management (e.g., being flexible) impact the efficiency of my professional schedule.				
7. The belief that nursing is a vocation (calling) makes me feel obligated to sacrifice my personal time for work.				
8. I believe adapting to the local patients' cultural health beliefs is a major challenge in my daily practice.				
9. I feel a cultural pressure to send remittances home, which significantly affects my financial freedom.				
10. My belief that family is the top priority causes me guilt when I must work long hours away from my immediate or extended family.				

VALUES	**SA(4)**	**A(3)**	**D(2)**	**SD(1)**
1. The Filipino value of Utang na Loob (debt of gratitude) makes me hesitant to complain about my working conditions.				
2. I feel that my Filipino values regarding hierarchy and respect sometimes conflict with the communication style of my non-Filipino supervisors.				
3. The local culture's emphasis on certain values (e.g., community, respect for elders) influences how I interact with patients and staff.				
4. I am satisfied with the recognition and valuing of my hard work and dedication by my employer.				
5. I feel my professional values concerning patient advocacy are respected within the workplace.				
6. I find that the value placed on punctuality and adherence to schedules differs significantly between Filipino culture and the local Micronesian culture.				
7. I feel pressured to maintain the "ideal Filipino nurse" stereotype (always smiling, overly compliant) which adds stress.				
8. My personal values about self-care often conflict with the cultural demands of my job.				

9. My desire to prioritize family often conflicts with the work values of my employer.				
10. I feel the local working environment appreciates the core Filipino values of hospitality and care in nursing.				

Appendix C

Reliability Test Results



UNIVERSITY OF PERPETUAL HELP

RELIABILITY TESTING RESULT

Variables	Alpha	Remarks	Interpretation
Level of Professional Demands			
Workload	0.848	-	Reliable
Expectations	0.939	-	Highly Reliable
Responsibilities	0.939	-	Highly Reliable
Level of Personal Satisfaction			
Work Environment	0.935	-	Highly Reliable
Compensation	0.917	-	Highly Reliable
Professional Development	0.932	-	Highly Reliable
Work life Balance	0.922	-	Highly Reliable
Level of Cultural Influences			
Beliefs	0.949	-	Highly Reliable
Values	0.935	-	Highly Reliable
Social Norms	0.949	-	Highly Reliable

Legend: $\alpha \geq 0.9$ *(Highly Reliable),* $0.9 > \alpha \geq 0.8$ *(Reliable),* $0.8 > \alpha \geq 0.7$ *(Acceptable),* $0.7 > \alpha \geq 0.6$ *(Questionable),* $0.6 > \alpha \geq 0.5$ *(Poor),* $0.5 > \alpha$ *(Unacceptable).*

ABEGAIL M. BATICA
Statistician & Consultant

CERTIFICATE OF RELIABILITY

This is to certify that the research/thesis paper entitled ***"WORK-LIFE BALANCE AMONG FILIPINO NURSES IN MICRONESIA: A GLOBAL PERSPECTIVE ON PROFESSIONAL DEMANDS, PERSONAL SATISFACTION, AND CULTURAL INFLUENCES"***, authored by **Villy Candari,** has undergone **Reliability of Questionnaire** under the supervision of the undersigned statistician. The reliability assessment, based on Cronbach's Alpha coefficient ranges from 0.801-0.888, which indicates that all variables in the study exceeded the suggested 0.7 threshold by Hair, Ringle, and Sarstedt (2011) for internal consistency, suggesting that the variable demonstrated adequate reliability.

The table below presents the Cronbach's Alpha coefficient of the variables:

Variables	Alpha	Remarks	Interpretation
Level of Professional Demands			
Workload	0.848	-	Reliable
Expectations	0.939	-	Highly Reliable
Responsibilities	0.939	-	Highly Reliable
Level of Personal Satisfaction			
Work Environment	0.935	-	Highly Reliable
Compensation	0.917	-	Highly Reliable
Professional Development	0.932	-	Highly Reliable
Work life Balance	0.922	-	Highly Reliable
Level of Cultural Influences			
Beliefs	0.949	-	Highly Reliable
Values	0.935	-	Highly Reliable
Social Norms	0.949	-	Highly Reliable

Legend: $\alpha \geq 0.9$ *(Highly Reliable),* $0.9 > \alpha \geq 0.8$ *(Reliable),* $0.8 > \alpha \geq 0.7$ *(Acceptable),* $0.7 > \alpha \geq 0.6$ *(Questionable),* $0.6 > \alpha \geq 0.5$ *(Poor),* $0.5 > \alpha$ *(Unacceptable).*

ABEQAIL M. BATICA
Statistician
Member, Philippine Statistical Association Inc.
Issued: March 5, 2026

Appendix D

Validation Expert

CERTIFICATE OF VALIDATION

March 5, 2026

This is to certify that the research questionnaire of **Villy Candari.,** a **Master of Arts in Nursing Major in Nursing Administration** student **Perpetual Help Delta System – Alabang Zapote Road, Pamplona III, Las Pinas City.,** had undergone by an expert. The undersigned can attest that the questionnaire had passed through careful examination and was proven substantially used for the research entitled "**WORK-LIFE BALANCE AMONG FILIPINO NURSES IN MICRONESIA: A GLOBAL PERSPECTIVE ON PROFESSIONAL DEMANDS, PERSONAL SATISFACTION, AND CULTURAL INFLUENCES**"

Certified by:
Mr. Ronnel G. Guarin, RN, JOHN, SHC
College Professor / Nurse Clinic
Issued: March 5, 2026

Appendix E

Statistical Data Analysis Results form SPSS

Notes

Resources	Processor Time	00:00:00.00
	Elapsed Time	00:00:00.01

Descriptive Statistics

	N	Mean	Std. Deviation
I regularly handle a patient-to-nurse ratio that makes quality care difficult to maintain.	50	3.76	.431
The amount of documentation and administrative work assigned often extends beyond my shift hours.	50	3.18	.388
I consistently feel pressured to complete tasks within inadequate timeframes.	50	3.36	.485
My scheduled shift hours frequently exceed eight hours, leading to exhaustion.	50	2.34	.688

Descriptive Statistics

	N	Mean	Std. Deviation
I often work double shifts or take on extra duty to cover staff shortages in the facility.	50	2.18	.388
The complexity of patient cases assigned to me often increases my stress level.	50	2.28	.454
Insufficient support staff (nursing aides, assistants) directly contributes to my high workload.	50	3.44	.501
I feel that my workload compromises my ability to take adequate breaks or meal times.	50	3.34	.479
Lack of proper equipment or resources increases the physical demands of my job.	50	2.26	.443
The intensity of work makes it difficult for me to mentally detach from my job after my shift ends.	50	3.12	.328
Valid N (listwise)	50		

Notes

Resources	Processor Time	00:00:00.00
	Elapsed Time	00:00:00.01
	Number of Cases Allowed	314572 cases[a]

a. Based on availability of workspace memory

Correlations

			Workload
Spearman's rho	Workload	Correlation Coefficient	1.000
		Sig. (2-tailed)	.
		N	50
	Expectations	Correlation Coefficient	.107
		Sig. (2-tailed)	.459
		N	50
	Responsibilities	Correlation Coefficient	.624
		Sig. (2-tailed)	.000
		N	50
	Work Environment	Correlation Coefficient	-.470
		Sig. (2-tailed)	.001
		N	50
	Compensation	Correlation Coefficient	-.323
		Sig. (2-tailed)	.022
		N	50

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Correlations

			Expectations
Spearman's rho	Workload	Correlation Coefficient	.107
		Sig. (2-tailed)	.459
		N	50
	Expectations	Correlation Coefficient	1.000
		Sig. (2-tailed)	.
		N	50
	Responsibilities	Correlation Coefficient	.141
		Sig. (2-tailed)	.328
		N	50
	Work Environment	Correlation Coefficient	-.193
		Sig. (2-tailed)	.179
		N	50
	Compensation	Correlation Coefficient	.137
		Sig. (2-tailed)	.344
		N	50

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Correlations

			Work Environment
Spearman's rho	Workload	Correlation Coefficient	-.470
		Sig. (2-tailed)	.001
		N	50
	Expectations	Correlation Coefficient	-.193
		Sig. (2-tailed)	.179
		N	50
	Responsibilities	Correlation Coefficient	-.365
		Sig. (2-tailed)	.009
		N	50
	Work Environment	Correlation Coefficient	1.000
		Sig. (2-tailed)	.
		N	50
	Compensation	Correlation Coefficient	.086
		Sig. (2-tailed)	.554
		N	50

Correlations

			Compensation
Spearman's rho	Workload	Correlation Coefficient	-.323
		Sig. (2-tailed)	.022
		N	50
	Expectations	Correlation Coefficient	.137
		Sig. (2-tailed)	.344
		N	50
	Responsibilities	Correlation Coefficient	-.025
		Sig. (2-tailed)	.863
		N	50
	Work Environment	Correlation Coefficient	.086
		Sig. (2-tailed)	.554
		N	50
	Compensation	Correlation Coefficient	1.000
		Sig. (2-tailed)	.
		N	50

Correlations

			Values	Social Norms
Spearman's rho	Work Environment	Correlation Coefficient	.326	.058
		Sig. (2-tailed)	.021	.687
		N	50	50
	Compensation	Correlation Coefficient	.154	.242
		Sig. (2-tailed)	.287	.091
		N	50	50
	Professional Development	Correlation Coefficient	.199	-.106
		Sig. (2-tailed)	.165	.463
		N	50	50
	Work-life Balance	Correlation Coefficient	-.043	.140
		Sig. (2-tailed)	.769	.334
		N	50	50
	Beliefs	Correlation Coefficient	-.226	-.467
		Sig. (2-tailed)	.115	.001
		N	50	50

Correlations

			Work-life Balance	Beliefs
	Values	Correlation Coefficient	-.043	-.226
		Sig. (2-tailed)	.769	.115
		N	50	50
	Social Norms	Correlation Coefficient	.140	-.467
		Sig. (2-tailed)	.334	.001
		N	50	50

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Correlations

			Values	Social Norms
	Values	Correlation Coefficient	1.000	.204
		Sig. (2-tailed)	.	.155
		N	50	50
	Social Norms	Correlation Coefficient	.204	1.000
		Sig. (2-tailed)	.155	.
		N	50	50

Appendix F

Prototype Plan of Execution — Balancing Care and Life (Project KALINGA)

This appendix presents a prototype implementation roadmap for operationalizing the Balancing Care and Life program in a Palau-based healthcare facility. It is a prototype in the sense that it lays out a testable sequence, ownership structure, and set of measurable indicators; each participating institution is expected to adapt timelines and resource levels to its own staffing capacity and budget cycle before full adoption.

G.1 Guiding Timeline Overview

The plan spans an 18-month cycle organized into five phases: Phase 0 (Launch & Validation), Phase 1 (Structural Resilience), Phase 2 (Cultural Assertiveness), Phase 3 (Psychological Detachment), and Phase 4 (Social & Financial Wellness), with a final Phase 5 dedicated to monitoring, evaluation, and institutionalization. Phases 1 through 4 correspond directly to the four program pillars presented in Chapter 4, Part VI, and run partly in parallel rather than strictly in sequence, since some actions (such as the Digital Sunset Protocol) can be enacted immediately while others (such as Acuity-Based Staffing) require a longer pilot period.

Phase / Timeline	**Objective**	**Key Activities**	**Responsible Unit**	**Resources Needed**	**Success Indicators**
Phase 0 — Launch & Needs Validation (Month 1)	Secure institutional buy-in and confirm baseline data before rollout.	Present study findings to hospital leadership; form a KALINGA Steering Committee; validate Tables 5–16 findings against current staff sentiment via a short pulse survey.	Chief Nursing Officer; HR; Steering Committee	Steering committee time; meeting venue; printed/digital summary of findings	Steering Committee formed; leadership sign-off obtained; baseline pulse-survey completed
Phase 1 — Structural Resilience & Workload Calibration (Months 2–7)	Reduce the negative link between workload/responsibilities and environment/compensation satisfaction.	Pilot Acuity-Based Staffing on 2 wards; deploy Clinical Support Buffer staff during peak hours (AM shift); track patient-to-nurse ratio and documentation time weekly.	Nursing Administration; Ward Managers; Staffing Office	Acuity scoring tool; 2–4 additional support staff/aides per pilot ward; scheduling software update	Patient-to-nurse ratio perception score improves; ≥15% reduction in reported after-hours documentation by Month 7
Phase 2 — Cultural Assertiveness & "Hiya" Mitigation Training (Months 2–	Reframe help-seeking as a clinical-safety duty and reduce hierarchy-driven	Launch quarterly Safe-Voice Advocacy Workshops; establish monthly flat-hierarchy peer-mentorship	Nursing Education/Training Unit; Senior Nurse Mentors	Workshop facilitator (behavioral/OD specialist); training materials; protected staff	Attendance rate ≥80% per quarter; self-reported comfort in "asking for help" score increases by

18, recurring)	communication barriers.	sessions pairing junior and senior nurses.		time	end of Year 1
Phase 3 — Psychological Detachment & "Off-Duty" Protection (Month 2 onward, daily)	Reduce mental spillover from work into personal time.	Implement the Digital Sunset Protocol (no non-emergency work messages after shift end); institute mandatory 10-minute end-of-shift decompression huddles.	Ward Managers; Shift Supervisors; IT/Communications	Updated communication policy; huddle facilitation guide; designated huddle space	Policy formally adopted by Month 2; ≥70% of shifts complete the huddle; self-rated "achieved work-life balance" item improves from baseline (2.20)
Phase 4 — Social Integration & Financial Wellness (Months 3–18)	Help nurses manage remittance/financial pressure and sustain community support networks.	Hold semi-annual Wise Remittance financial-literacy seminars; organize an annual Inter-Cultural Exchange Day with Filipino and local Micronesian staff.	HR/Employee Wellness; Filipino Nurses Association (Palau chapter); Community Liaison	Guest financial planner/speaker; event venue and budget; community outreach coordination	≥2 seminars conducted in 18 months; ≥1 exchange event held; participant satisfaction ≥80%
Phase 5 — Monitoring, Evaluation & Institutionalization (Months 12–18)	Assess program impact and formalize successful pilots into standing hospital policy.	Re-administer the study's Personal Satisfaction and Work-Life Balance items; compare pre/post means; present results to hospital leadership for policy adoption.	Steering Committee; Quality Improvement/Research Office	Survey re-administration logistics; data analysis support (Pearson r, paired comparison)	Statistically or practically meaningful improvement in the Table 11 "achieved balance" item; Steering Committee recommendation to institutionalize is adopted

G.2 Roles and Governance

A small KALINGA Steering Committee — composed of the Chief Nursing Officer, a Ward Manager representative, an HR/Wellness representative, and one elected Filipino staff nurse representative — was proposed to own the plan end-to-end: approving pilot scope, reviewing monthly indicator dashboards, and escalating resourcing needs (additional support staff, training budget) to hospital administration. This governance structure keeps the program consistent with the study's finding that structural, institutionally owned interventions — not individual coping alone — are required to move the needle on Work-Life Balance.

G.3 Risks and Mitigations

Anticipated implementation risks include staffing shortages that could delay the Clinical Support Buffer rollout (mitigated by phasing the pilot to two wards first), inconsistent adoption of the Digital Sunset Protocol by off-site supervisors (mitigated by a written policy with named exceptions for genuine emergencies), and

low initial attendance at cultural-assertiveness workshops due to Hiya itself (mitigated by scheduling workshops during paid work hours and framing attendance as a facility-wide expectation rather than individual remediation).

G.4 Evaluation Plan

Program effectiveness will be assessed primarily through re-administration of the Work-Life Balance subscale (Table 11) and the Professional Demands–Satisfaction correlations (Table 15) at Month 12 and Month 18, compared against the baseline means established in this study (Overall Workload Demand = 2.93; Overall Responsibilities Demand = 3.19; Achieved Work-Life Balance = 2.20). A meaningful improvement in the achieved-balance item, alongside stable or improved scores in Work Environment and Compensation, would indicate the program is succeeding without eroding the institutional strengths already in place.

Appendix G

Language Editing Certification

EMILIO AGUINALDO COLLEGE
Virtue ◆ Excellence ◆ Service

September 9, 2026

UNIVERSITY OF PERPETUAL HELP SYSTEM DALTA

Alabang – Zapote Road, Pamplona III, Las Piñas City

LANGUAGE EDITING CERTIFICATION

This is to certify that research entitled "**WORK-LIFE BALANCE AMONG FILIPINO NURSES IN MICRONESIA: A GLOBAL PERSPECTIVE ON PROFESSIONAL DEMANDS, PERSONAL SATISFACTION, AND CULTURAL INFLUENCES**" **by VILLY CANDARI**, has been checked grammar and composition by undersigned.

This certification is issued to ensure that the University receives quality research work. Signed this **9th** day of **SEPTEMBER** in the year of **2026** at **Emilio Aguinaldo College – Manila.**

RENATO R. GUERRERO, LPT, MaEd, Ph.D
Research Expert / Grammarian
Faculty Member, Emilio Aguinaldo College - Manila
Issued: September 9, 2026

Appendix H

Certificate Of Originality

This is to certify that the study titled

Work-Life Balance Among Filipino Nurses In Micronesia: A Global Perspective On Professional Demands, Personal Satisfaction, And Cultural Influences prepared by **Villy Candari, Master of Arts in Nursing major in Nursing Administration** was subjected to TURNITIN similarity checking.

The submitted manuscript obtained a similarity index of 10% based on the similarity report generated by the TURNITIN system. Further, the 20% threshold for AI-generated enhancement was observed.

This certification is issued upon request for academic and institutional purposes on the 16th of September, 2026.

Belinda T. Conde, PhD

Research Director

Appendix I

Certificate Of Language Editing

This is to certify that the research manuscript entitled:

WORK-LIFE BALANCE AMONG FILIPINO NURSES IN MICRONESIA: A GLOBAL PERSPECTIVE ON PROFESSIONAL DEMANDS, PERSONAL SATISFACTION, AND CULTURAL INFLUENCES

prepared by **Villy Candari, Master of Arts in Nursing major in Nursing Administration** was subjected to TURNITIN similarity checking.

The editing focused on the manuscript's grammar, spelling, punctuation, sentence construction, clarity, coherence, consistency, academic language and tone, and overall readability as applicable.

The manuscript was edited in accordance with generally accepted standards of academic and scholarly writing as shown by a score of **100** in the generated report.

This certification is issued for academic, publication, and institutional purposes on the 16th of September, 2026.

Belinda T. Conde, PhD

Research Director

Appendix J

Certificate Of Data Processing

This is to certify that

VILLY CANDARI, enrolled in the program **MASTER OF ARTS IN NURSING MAJOR IN NURSING ADMINISTRATION** has undergone the processing and statistical analysis of data gathered for the research study entitled

WORK-LIFE BALANCE AMONG FILIPINO NURSES IN MICRONESIA: A GLOBAL PERSPECTIVE ON PROFESSIONAL DEMANDS, PERSONAL SATISFACTION, AND CULTURAL INFLUENCES

This certificate does not constitute certification of the validity, accuracy, completeness, or interpretation of the research data and findings, which remain the responsibility of the researcher.

Issued this 16th of September, 2026.

Belinda T. Conde, PhD

Research Director

Appendix K

Curriculum Vitae

- Registered Nurse (RN) with specialty experience in medical and surgical nursing
- Honest, reliable, professional healthcare provider that is flexible and intervene during crises, facilitate groups and collaborate on multidisciplinary teams. Has the ability to build positive relationships with patients, family members, physicians and other medical professionals.

WORK EXPERIENCE:

NURSE

Peace Corps Palau, Palau March 25, 2025 to Present

- Performs a variety of non-invasive routine clinical and technical services under the supervision of the Peace Corps Medical Officers, which may include clinical tasks such as taking vital signs, administering immunizations, performing laboratory tests, etc. These privileges must be approved by the Medical Director/OHS. Supervising PCMOs are responsible for ensuring performance appropriate health care services.
- Responsible for sterilization of equipment.
- Serves as assistance for PCMOs during medical examinations and procedures.
- Conducts follow-up on test results and consultation reports, relaying information to
- Manages clinical documentation: scanning, labeling, uploading, filing in PCMEDICS, ensuring accuracy with proper identifiers

SURGICAL WARD NURSE

Ministry of Health and Human Services Koror, Palau January 2, 2020 to February 23, 2025

- Provide direct quality nursing care to patients including daily monitoring, recording and evaluating of medical conditions.
- Collaborates with the physician and assists with carry-out orders, bedside tests, assisting with procedures
- Coordinate on pre-operative care and testing of patients preparing to undergo surgery
- Provide patient education and be initial point of contact for patients undergoing surgery both pre- and post-operative
- Calculate and administer oral and intramuscular and subcutaneous medications
- Initiates CPR and other emergency measures
- Develops and initiates research protocols in association with the physician
- Insert intravenous and calculate drop as ordered

- Implements patient care by continuously practicing within the guidelines of hospital policies and procedures

MEDICAL WARD NURSE

Ministry of Health and Human Services

Koror, Palau April 11, 2013 to January 1, 2020

- Admission of patients from Emergency Department or Out-Patient Department which include initial patient contact, admission assessment and interview based on hospital protocol.
- Carrying out doctor's order and drug administration
- Provides professional nursing care on critically-ill patient such as tube feeding, suctioning tracheostomy and endotracheal tubes
- Cardiac monitoring of patients
- Patient education and discharge of patients
- Assisting physician in non-invasive to invasive bedside procedures such as chest tube insertion, paracenthesis and thoracenthesis.

MEDICAL – SURGICAL WARD ICU NURSE

Ministry of Health and Human Services Koror, Palau

- Set up and monitored life support equipments such as cardiac monitor, oxygen therapy device, pulse oximeter, pressure lines and mechanical ventilation.
- Perform an approved procedure per hospital protocol based on patient's clinical status.
- Changed dressing, bathed patient, and turning sides to sides as scheduled.
- Provide post-mortem to maintain ICU operation continuity.

COVID-19 VACCINATION NURSE

Ministry of Health and Human Services Koror, Palau

- Collaborate with Republic of Palau Covid-19 vaccination team
- Screening the scheduled/ walk in individual for Covid-19 vaccination
- Provide proper education regarding the covid-19 vaccine be administered
- Administer covid-19 vaccine to individual on correct site and dosage

PROFESSIONAL SKILLS

- Effective communication
- Provides age and culturally appropriate care
- Carries out physician orders

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- Administers prescribed medications, changes dressings, cleans wounds, monitors vital signs
- Serves as the primary coordinator of all disciplines for well coordinated patient care
- Monitors, records and communicates patient condition as appropriate utilizing computerized documentation systems
- Educates patients and families
- Orients and mentors new staff members

CERTIFICATES AND TRAINING:

- Advance Cardiovascular Life Support (AHA)
- Basic Life Support (AHA)
- Pediatric Advance Life Support (AHA)
- Covid-19 Variant and Infection Control
- Covid-19 Vaccine Session
- Virtual Palliative Care Workshop
- Infection Control Workshop
- Caregiver Training
- IV Therapy Training

LICENCES:

- New York Board of Nursing
- Republic of Palau Nursing Board
- Philippine Regulation Commission

EDUCATION:

University of Perpetual Help DALTA 2005-2008

Bachelor of Science in Nursing

Las Pinas, Metro Manila, Philippines

St. Paul University 2004-2005

Bachelor of Science in Nursing Iloilo, Philippines

PERSONAL DATA:

Date of Birth: July 21, 1987

Age: 39 years old

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Marital Status: Married

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Financial Head Assistant

Peace Corps Palau

Koror, Palau

Tel. No. (680) 488-6211

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