

**The relationship Between
Homesickness and some demographic
variables among Syrian Nurses**

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ABSTRACT

Background: Homesickness is a psychological condition characterized by distress due to separation from one's home environment. Syrian nurses, displaced due to ongoing conflict, may experience homesickness, impacting their emotional well-being and job performance. This study examines the relationship between homesickness and various demographic variables among Syrian nurses. **Methods:** A descriptive correlational design was used to assess 132 nurses working in two teaching hospitals. Data were collected using a demographic questionnaire and the Utrecht Homesickness Scale, measuring homesickness across five domains: missing family, loneliness, missing friends, adjustment difficulties, and ruminations about home. Statistical analysis, including Chi-square tests, was conducted to determine associations between homesickness and demographic variables. **Results:** The overall level of homesickness among participants was moderate (Mean = 2.15). The most severe domain was missing family (Mean = 3.33), while loneliness, adjustment difficulties, and ruminations about home were milder. A significant relationship was found between gender and homesickness ($p = 0.045$), with females experiencing more severe homesickness than males. Marital status was also significantly associated ($p = 0.049$), with single nurses reporting

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higher homesickness levels. However, age and educational level showed no significant association with homesickness. **Conclusion:** Syrian nurses experience moderate homesickness, with missing family being the most distressing factor. sex and marital status influence homesickness severity, highlighting the need for targeted psychological support to improve adaptation and well-being among displaced nurses.

Keywords: *Homesickness, Syrian nurses, Utrecht Homesickness Scale*

Introduction

Homesickness is a psychological distress that arises when individuals are separated from their familiar environment, leading to emotional and cognitive difficulties. For nurses, especially those working in foreign or unfamiliar settings, homesickness can significantly impact their well-being, job performance, and overall quality of life (Hamid, 2022). Nursing, a humanitarian profession demanding both strong clinical skills and personal hardiness, is particularly challenging when nurses experience homesickness. Because nurses care for others in all circumstances, they must also manage their own well-being. Addressing homesickness is therefore crucial for nurses to effectively fulfill their roles and provide optimal care (Alzeyadi and Mohammed, 2020). The need to travel, especially for university students and health sector workers, is the backbone of building a future that guarantees their rights to a better life (Mohammed Ali, Al-Juboori and Neamah, 2024).

Objective of the study

1. -To assess homesickness and hardiness among study subject.
2. -To find out relationship between hardiness and homesickness.
3. -To find out relationship between hardiness and homesickness and some demographic data (age\sex\marital status\ Do you currently have any family members or children living with

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you\ Educational level\how long have you been away from your homeland).

Methodology

The researcher used the descriptive correlational approach to achieve the research objective, which is to identify the relationship between homesickness and demographic information among nurses working at the Ahmed Al-Waili Foundation. The study period began from October 30, 2024 to July 30, 2025. Data were collected from nurses who worked in tow teaching hospitals Affiliated to the Health and Medical Education Authority (Sayyida Khadija Al-Kubra Hospital and Al-Hassan Al-Mujtaba Hospital). A Non probability (convenience) sampling of 132 nurses is selected according to specific inclusion criteria, the population of nurses from each hospital was (Sayyida Khadija Al-Kubra Hospital), and (Al-Hassan Al-Mujtaba Hospital). The size sample was estimated according to Richard Geiger (Alshehri and Al Harthi, 2021).

Study Instrument: Part I: Demographic Data, The socio-demographic sheet includes (age, sex, educational level, marital status, do you currently have any family members or children living with you, and how long have you away from your homeland).

Part II: Homesickness scale, The UHS was designed to assess homesickness and was developed in the following way: A definition of homesickness was presented to 100 participants and the original items were completed. The initial questionnaire was then distributed to 300 social science students to extract 51 homesickness-related items, resulting in 45 items. This questionnaire was then distributed to 117 psychology students. They were asked to rate how much they had experienced the 45 homesickness-related aspects in the previous four weeks. This led to a third version of the questionnaire which was used in the Utrecht Homesickness Project. This was done through five main categories: missing family, loneliness, Missing friends, Adjustment difficulties, Ruminations about home. Which are answered as follows: (0)= not, (1)= weak, (2)= moderate , (3)= strong, (4)= very strong (Stroebe, Schut and Nauta, 2015).

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The results

Table (1): Study Sample Socio-Demographic Characteristics

Socio-Demographic Data	Rating and Scoring	Frequency	Percent
Age / years	22-25	53	40.2
	26-29	10	7.6
	30-33	37	28.0
	34-37	12	9.1
	37-40	20	15.2
	Total	132	100.0
Sex	Male	67	50.8
	Female	65	49.2
	Total	132	100.0
Educational Levels	Nursing School	17	12.9
	Diploma	43	32.6
	Bachelor's	63	47.7
	Master	7	5.3
	Phd	2	1.5
	Total	132	100.0
Marital Status	Single	40	30.3
	Married	88	66.7
	Divorce	1	.8
	Widower	3	2.3
	Total	132	100.0
Do you currently have any	Yes	70	53.0

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family members or children living with you?	No	62	47.0
	Total	132	100.0
How long have you away from your homeland? / Years	1-3	14	10.6
	4-6	49	37.1
	7-9	69	52.3
	Total	132	100.0

The table above shows the socio-demographic characteristics of the study sample. In terms of age, the largest group was those aged 22-25 years, representing 40.2%. six indicated that males were more common than females, representing 50.8%. In terms of educational level, the most common was a Bachelor of Nursing degree, representing 47.7%. Marital status indicated that married people were more common than single people, representing 66.7%. Statistics revealed that nurses living with their families were 53.0% more common than those who did not live with a family member. As for the number of years of expatriation, the group between 7-9 years was the most common, representing 52.3%.

Table (2): Overall Assessment of the Study Sample Homesickness

Main Studied Domain	Levels	Frequency	Percent	Overall Mean	Overall Assessment
Missing family	None	1	.8	3.33	Sever Homesickness
	Mild	9	6.8		
	Moderate	47	35.6		
	Sever	75	56.8		
	Total	132	100.0		
Loneliness	None	49	37.1	1.62	Mild Homesickness
	Mild	39	29.5		

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	Moderate	35	26.5		
	Sever	9	6.8		
	Total	132	100.0		
Missing friends	None	13	9.8	2.57	Moderate Homesickness
	Mild	30	22.7		
	Moderate	47	35.6		
	Sever	42	31.8		
	Total	132	100.0		
Adjustment difficulties	None	57	43.2	1.41	Mild Homesickness
	Mild	50	37.9		
	Moderate	20	15.2		
	Sever	5	3.8		
	Total	132	100.0		
Ruminations about home	None	39	29.5	1.82	Mild Homesickness
	Mild	43	32.6		
	Moderate	37	28.0		
	Sever	13	9.8		
	Total	132	100.0		
Overall Homesickness	None	6	4.5	2.15	Moderate Homesickness
	Mild	54	40.9		
	Moderate	60	45.5		
	Sever	12	9.1		
	Total	132	100.0		

None Psychological homesickness (mean 0-1), Low (mean 1.1-2.1), Moderate (mean 2.2-3.2), Sever (mean 3.3. and more)

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This table provides a summary of the levels of homesickness among the study participants for each nostalgia domain, which helps in understanding the overall distribution and determining the overall level of homesickness. In the family loss domain, 56.8% of the participants had a severe level of homesickness, while 35.6% had a moderate level. In the loneliness domain, 37.1% of the participants had no homesickness, while 29.5% had a low level. The overall mean for homesickness in the family loss domain is 3.33, indicating a severe level of homesickness. The overall mean for homesickness overall is 2.15, indicating a moderate level of homesickness.

Figure (1): Overall Assessment of the Study Sample Homesickness

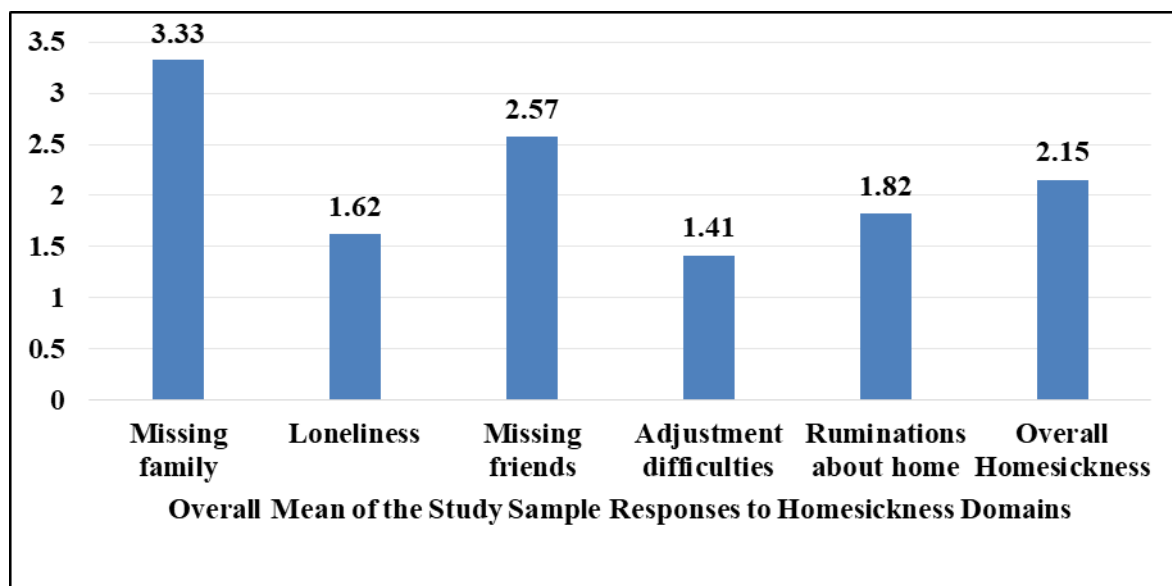


Table 3: Relationship between the Study Sample Homesickness and their Socio-Demographic Data

Socio-	Rating and	Overall Homesickness	Chi-	D.f	P-
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Demographic Data	Intervals	None	Mild	Moderate	Severe	Square Value	.	Value
Age / years	22-25	1	18	28	6	14.850	12	.250
	26-29	1	3	3	3			
	30-33	1	20	15	1			
	34-37	1	4	6	1			
	37-40	2	9	8	1			
Sex	Male	3	33	29	2	8.038	3	.045
	Female	3	21	31	10			
Educational Levels	Nursing School	1	6	7	3	6.994	12	.858
	Diploma	2	16	20	5			
	Bachelor's	3	26	30	4			
	Master	0	4	3	0			
	PhD	0	2	0	0			
Marital Status	Single	3	11	18	8	16.985	9	.049
	Married	3	41	41	3			
	Divorce	0	0	1	0			
	Widower	0	2	0	1			
Do you currently have any family members or children living with you?	Yes	1	33	32	4	6.472	3	.091
	No	5	21	28	8			
How long have you away from	1-3	0	2	9	3	10.986	6	.089

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your Homeland?								
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This table shows the relationship between the socio-demographic variables and the level of homesickness among the study participants. It indicates that there is a relationship between sex, marital status and homesickness, while there is no significant relationship between age or educational level and homesickness.

Discussion

homesickness experienced by Syrian nurses and the impact of various factors. The overall assessment of homesickness among the study sample indicated a moderate level of homesickness, with an overall mean of 2.15. A deeper analysis of specific domains of homesickness reveals differences in severity, highlighting the emotional struggles experienced by participants. First, loss of family: The results show that loss of family is the most significant contributor to severe homesickness, with an overall mean of 3.33. The majority of participants (56.8%) reported severe homesickness due to the loss of their family, while 35.6% experienced it at a moderate level. These findings suggest that family ties play a crucial role in emotional well-being, and separation from family members can increase distress. This study is in line with the study conducted by (Hack-Polay, 2020) and which examines homesickness among expatriates from developing countries who were deployed to Western contexts, highlighting the emotional challenges expatriates face due to missing family and familiar environments. This study confirms that homesickness is a prevalent issue among expatriates, often leading to difficulties adjusting to the host country and that the loss of family ties may cause psychological illnesses such as depression and anxiety.

Secondly, the feeling of loneliness: the researcher's results showed that the evaluation of the feeling of loneliness was at a mild level, with an overall average of 1.62. A large portion of the participants (37.1%) reported not feeling lonely, while 29.5% experienced mild loneliness. Only 6.8% of the sample indicated

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feeling severe loneliness. These results indicate that although loneliness exists, it is not as pronounced as the emotional distress caused by the loss of family. These results are in line with the study conducted by (Saravanan, Alias and Mohamad, 2017) on students in Malaysia, where he used two groups of students, the first as a control group and the second on which cognitive behavioral therapy was applied. The first group showed symptoms of depression, loneliness and anxiety, while the control group who received brief individual cognitive behavioral therapy found a significant decrease in homesickness scores.

Thirdly, adaptation difficulties: The researcher's results showed that the overall average of adaptation difficulties was 1.41, indicating mild homesickness in this area. Approximately 43.2% of the participants reported no adaptation difficulties, while 37.9% faced mild challenges. Only 3.8% of the sample faced severe difficulties in adapting to their new environment. This indicates that while some nurses face difficulties in adapting to their new surroundings, the majority are able to adapt effectively. This is consistent with the results of the study conducted by (Muslimah, Syahsaputra and Fasikhah, 2024) on nursing students to experience homesickness, as the results showed that most of the interviews with nurses did not show homesickness due to the ability to adapt and use some skills to engage in the new community, such as effective communication techniques and using time to learn new skills.

Fourth, reflections on home: the researcher's results showed that reflections on home also fell under mild homesickness, with an overall mean of 1.82. While 29.5% of respondents reported no such thoughts, 32.6% experienced mild reflections, and 28.0% experienced moderate levels. A smaller proportion, 9.8%, reported intense reflections on home. These results suggest that although thoughts about home are prevalent, they do not reach extreme intensity for most individuals and are consistent with (Sun and Hagedorn, 2016) findings that once students feel more integrated into the university context, they are more likely to feel accepted,

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which will reduce the degree of homesickness distress and Although thoughts about home are prevalent, they often do not reach extreme intensity for most individuals.

Fifth, homesickness in general: the average homesickness score overall was 2.15, which classifies it as moderate homesickness. While 45.5% of respondents reported moderate levels of homesickness, 40.9% experienced mild homesickness, and 9.1% experienced severe homesickness. Only 4.5% of respondents experienced homesickness at all. These results suggest that homesickness is a common experience among the study sample, with the majority experiencing at least mild or moderate levels of distress. These results are consistent with the results of a study conducted by (English *et al.*, 2017) on first-year university students, which showed that there is individual variation in homesickness over time, and these changes predict different outcomes in college. The results showed that, on average, homesickness decreased slightly during the first semester of college, and homesickness varied from severe to moderate.

Relationship between the Study Sample Homesickness and their Socio-Demographic Data

The researcher's results revealed, as shown in Table 3: First, Age: and Homesickness the findings indicate no statistically significant association between age and homesickness ($\chi^2 = 14.850$, $p = .250$).

Second, sex and homesickness: Wood's results showed a statistically significant association between gender and homesickness ($\chi^2 = 8.038$, $p = .045$). Males showed a slightly higher frequency of mild and moderate homesickness, while females showed a higher rate of severe homesickness. This result is consistent with a study by (Chaplin, 2015) that showed how emotions affect both sexes, as it was found that women are more emotionally affected, especially with regard to positive emotions and internalizing negative emotions such as sadness and depression.

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Third, educational level and homesickness: the researcher's results did not show a significant relationship between educational level and homesickness ($\chi^2 = 6.994, p = .858$).

Fourth, Marital Status and Homesickness: the researcher's results found a statistically significant association between marital status and homesickness ($\chi^2 = 16.985, p = .049$). Married individuals showed higher rates of mild and moderate homesickness, while unmarried participants showed a relatively higher rate of severe homesickness. This result suggests that spousal support may mitigate the effects of homesickness, but it does not completely eliminate it. These results are consistent by (Hamid, 2022) with a study that focused on non-native students to assess the relationship between test anxiety and homesickness. The results indicated that unmarried students experienced higher levels of loneliness and anxiety, which were significantly associated with homesickness. This also implies that marital status affects the degree of homesickness, with married individuals potentially benefiting from spousal support.

Fifth, Presence of family members or children: the presence of family members or children did not show a significant effect on homesickness levels ($\chi^2 = 6.472, p = .091$).

Sixth, Duration Away from Homeland: No significant association was found between the duration of time spent away from one's homeland and homesickness ($\chi^2 = 10.986, p = .089$).

Conclusion: The study found a relationship between marital status and homesickness, as marriage is considered a close and stable relationship, which creates a sense of belonging and security in the new environment. This feeling reduces feelings of alienation and isolation, which are two of the main factors that increase homesickness. Considering that the husband or wife provides the emotional support that a person needs to overcome the feelings of sadness and loneliness that accompany homesickness. As for the fact that women are more sympathetic and more prone to depression

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and anxiety, it was found that men are more able to control homesickness.

Acknowledgement: We would like to extend our sincere thanks to the Ahmed Al-Waili Foundation for their support in conducting this study. We also extend special thanks to all the reviewers who participated in this study for their cooperation during their interviews and when completing the questionnaire.

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