



ON LANGUAGE BARRIER: STORIES OF OVERSEAS FILIPINO NURSES IN SINGAPORE

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Abstract : This qualitative study explores the language barriers experienced by Overseas Filipino Nurses (OFNs) working in Singaporean hospitals, focusing on their encounters with medication administration incidents. Through semi-structured interviews, the research identifies specific linguistic challenges including difficulties with local accents, complex medical terminology, and colloquial expressions that contribute to communication breakdowns, increased workplace stress, and heightened risk of medication errors. The study also examines coping strategies and institutional support mechanisms employed by OFNs to navigate these challenges. Findings underscore the critical need for enhanced, context-specific language training, improved communication protocols, and robust support systems within healthcare institutions to foster safer and more effective nursing practice in multicultural environments. These insights aim to inform healthcare policymakers and educators to develop targeted interventions that address the unique linguistic obstacles faced by Overseas Filipino Nurses (OFNs), ultimately enhancing patient safety and nursing efficiency in Singapore's diverse healthcare settings.

IndexTerms - Social Science, Language Barrier, Narrative Inquiry, Davao del Norte

I. INTRODUCTION

Effective communication is a fundamental component of safe and high-quality healthcare. Nurses, as frontline healthcare providers, are responsible for ensuring accurate medication administration, patient education, and seamless collaboration with medical teams. However, language barriers present significant challenges for foreign-trained nurses, particularly those working in countries where the primary language differs from their native tongue. These challenges can lead to misinterpretation of medical instructions, errors in medication administration, and overall difficulties in delivering patient care (Kim et al., 2021). They commonly occur between healthcare providers and patients when the two groups do not share a native language (Sergent, 2023). Regardless of language barriers, healthcare providers are required to deliver high-quality healthcare that adheres to the principles of human rights and equity to all their patients. (Biskoff et.al, 2020).

Globally, the increasing migration of nurses to developed countries has brought attention to the impact of language proficiency on patient safety. Studies suggest that language barriers contribute to communication breakdowns, delayed care, and higher risks of medication errors in multicultural healthcare settings (Xiao,et al, 2021). As the demand for foreign-trained nurses grows, healthcare institutions have implemented various language training programs to support international staff. However, challenges persist, particularly in high-pressure environments where nurses must respond quickly to medical situations and collaborate with multidisciplinary teams (Liu & Hernandez, 2020).

In Singapore, a leading healthcare hub in Asia, foreign-trained nurses, including a significant number of Filipino nurses, are essential to maintaining the nation's healthcare system. While English is the primary language used in medical documentation and communication, variations in accents, medical terminologies, and patient instructions often create challenges for non-native English speakers (Reyes & Gomez, 2022). Filipino nurses working in Singapore hospitals must navigate these linguistic challenges while managing high patient volumes, complex clinical cases, and fast-paced work environments. These factors increase the risk of miscommunication-related near-miss incidents, particularly in medication administration, where precise understanding of drug names, dosages, and instructions is critical.

Most studies have explored language difficulties in Western healthcare settings, leaving a research gap in understanding how Filipino nurses in Singapore overcome communication challenges in a multilingual, high-demand environment. By investigating the experiences of OFNs in Singaporean hospitals, this study seeks to close this gap, particularly their struggles with language barriers in medication administration, near-miss incidents, and coping mechanisms. By providing insights into these challenges, the study seeks to inform healthcare institutions on how to improve language training programs, communication protocols, and support systems to enhance patient safety and nursing efficiency.

II. NEED OF THE STUDY.

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III. RESEARCH METHODOLOGY

The study design known as "narrative inquiry" was centered on using storytelling to comprehend experiences. Allowing participants to share their personal accounts, emotions, and coping strategies (Braun & Clarke, 2021). This approach was appropriate for the study because it provided rich, in-depth descriptions of how language barriers influenced clinical practice, particularly in medication administration. By using qualitative narrative inquiry, this study captured the unique perspectives of OFNs, highlighting the challenges, strategies, and implications of communication difficulties in patient care. In-depth interviews with four participants were used to gather data. Focusing on their real-life experiences in handling medication caused by language barriers. The findings were analyzed using thematic analysis, identifying key patterns and recurring themes in their narratives (Guest et al., 2020).

3.1 Population and Sample

The participants of this study were four Overseas Filipino Nurses (OFNs) employed in a Singapore hospital. These nurses were selected based on their firsthand experiences with language barriers in clinical settings, particularly in medication administration. Given their roles in a multilingual healthcare environment, they offered valuable insights into the communication challenges, near-miss incidents, and coping strategies they employed in daily practice.

Participants were recruited using purposive sampling, ensuring that they met specific criteria: (1) Filipino nurses currently working in a Singapore hospital, (2) at least one year of clinical experience in Singapore, (3) direct involvement in medication administration, and (4) encounters with language-related challenges in their workplace. Filipino nurses in non-clinical roles or those with minimal patient interaction were excluded. The chosen participants offered a comprehensive viewpoint on language-related concerns in diverse clinical settings since they represented a range of nursing units within the hospital, such as the emergency room, critical care unit, and medical-surgical unit.

3.2 Data and Sources of Data

Given the geographical separation between the researcher in the Philippines and the participants in Singapore, data collection was conducted through virtual means. The primary data source consisted of in-depth, semi-structured online interviews, which allowed participants to share their personal experiences, challenges, and coping mechanisms in real time. These interviews were conducted via video conferencing platforms, ensuring direct engagement while accommodating participants' work schedules and availability. Open-ended questions were used to encourage detailed narratives, enabling participants to freely share their opinions while yet adhering to the goals of the study. In order to document nonverbal clues, contextual observations, and important ideas that surfaced throughout the virtual chats, field notes were also recorded. By offering a more profound comprehension of emotional reactions and complex situations, these comments enhanced the qualitative data. All interviews were audio recorded (with participant consent) and verbatim transcribed for thematic analysis using the framework developed by Braun and Clarke (2021) in order to guarantee accuracy and dependability.

By utilizing virtual interviews and comprehensive field notes, the study ensured a rigorous and ethical approach to data collection despite the researcher's physical location in the Philippines. This approach enhances the viability and efficacy of virtual real-time qualitative data gathering across a range of demographics and situations by being in line with best practices found in recent literature. The findings aimed to provide meaningful insights into how Filipino nurses in Singapore hospitals navigated language barriers, near-miss medication incidents, and institutional support systems in a high-demand healthcare environment.

IV. RESULTS AND DISCUSSION

In this chapter, I present the narratives of four Overseas Filipino Nurses (OFNs) employed in Singapore who have undergone incidents of near-missed medication administration as a result of language difficulties. These stories are not simply descriptions of clinical errors—they are doors into their emotional lives, strategies for coping, and the developing sense of self amidst a foreign health system. I drew upon Catherine Kohler Riessman's narrative analysis method to inform my investigation, enabling me to explore the manner in which stories are constructed, rather than merely what is being said. I heard not just for facts, but for emotions, structure, and the social and institutional contexts that define each nurse's reality.

Knowing the Nurses When I started out, I wasn't seeking just data—I was searching for stories. Stories from actual nurses who departed from home and suddenly found themselves in a healthcare system much different from what we had been trained in. I was fortunate enough to interview four Filipino nurses, all working in a significant tertiary government hospital in Singapore. Although their postings differed—one in the emergency ward, another in the infectious ward, and two in the general ward—they had one thing in common: they were Overseas Filipino Nurses, learning to survive in an environment where language and culture made even the easiest tasks challenging. Two of them had worked there for two years, and two for one. They were only just established in their careers overseas but had insights so deep for their ages. Each nurse contributed something new to our exchanges—not only their stories, but their candor, their feelings, and their methods of coming to terms with the day-to-day realities of being a nurse in a multicultural, multilinguality.

This chapter is not intended to speak for all OFNs or to summarize their experiences in the form of data points. What I provide in lieu is space for narrative—a space where these nurses can tell me, unfettered, about what it is like to care for patients in a foreign country, where each word has import, and where misunderstandings have real-world consequences. As they talked, I didn't just observe nurses working. I observed people constantly adapting—code-switching, mentally translating, interpreting accents and

motives—not only for themselves but for the patient's safety. What their stories told was not only about the personal and professional burden that they shouldered but also the unobtrusive strength in which they lived each day.

All participant names—Jane, Theos, Cherry, and Dan—are pseudonyms used to respect and protect each participant's personal story.

Through their stories, I hope to shed light on the lived experiences beyond the uniforms. These aren't tales of difficulty—these are tales of strength, growth, and profound humanity.

Becoming a Nurse Abroad – Beginnings and Transitions

In exploring the lived experiences of Overseas Filipino Nurses (OFNs) working in Singapore, I had the opportunity to engage in a heartfelt conversation with *Jane* (a pseudonym she chose for herself). Jane is a staff nurse currently assigned to the Emergency Department of a large government hospital in Singapore. She has been working in the country for over a year and a half, and her story offers a powerful glimpse into the emotional, professional, and linguistic challenges that shape the everyday realities of foreign-trained nurses in a multicultural environment.

Through her candid reflections, Jane opens a window into the complex intersections of language, culture, and clinical responsibility. Her experiences reveal not only the difficulties she faces in communicating with non-English-speaking patients but also how these challenges can directly impact patient safety and nurse confidence. Her voice is both personal and representative—her story, while singular, resonates with broader themes of resilience, adaptation, and the silent emotional labor involved in navigating a healthcare system where language is both a tool and a barrier.

The following narrative is organized into themes that emerged naturally during our dialogue. Each section presents excerpts from our conversation, followed by narrative reflections that interpret and contextualize Jane's experiences within the broader framework of cross-cultural nursing practice.

Christ: *Can you share your name (optional) or preferred pseudonym?*

Jane: *Hello... Just call me Jane.*

Christ: *How long have you been working as a nurse overseas?*

Jane: *I'm working for 1 year and 6 months already here in Singapore.*

Christ: *In which country and healthcare setting do you currently work?*

Jane: *I'm working here in Singapore and working as a staff nurse in the Emergency Department.*

Christ: *What are your primary language and your level of proficiency in the official language of your host country?*

Jane: *English.*

Jane introduced herself with a quiet confidence, immediately grounding her identity in her professional role as a staff nurse in one of Singapore's busiest hospital units—the Emergency Department. She had been in the country for over a year, yet her voice hinted at the weight of this short but intense journey. English is her working language, but it became apparent that this linguistic bridge was not always strong enough to span the cultural gaps she encountered.

I got a chance to talk with my previous colleague—Theos, a Filipino nurse currently working in a contact precaution ward at a major public hospital in Singapore. Having been in the country for almost two years, Theos offers a reflective and pragmatic account of her journey as an Overseas Filipino Nurse (OFN). His insights reveal the dual nature of international nursing—where opportunities for professional growth and financial security coexist with the daily negotiation of cultural and linguistic barriers. Unlike some of his peers, Theos has not encountered direct near-miss medication errors due to communication issues. Nevertheless, her account highlights the preventative strategies, institutional supports, and self-initiated practices she uses to ensure patient safety in a complex multilingual environment. His story is one of vigilance, collaboration, and proactive adaptation.

The following themes emerged organically from our conversation and are presented with both dialogue excerpts and narrative reflections.

Christ: *Can you share your name or preferred pseudonym?*

Theos: *Just call me, Theos.*

Christ: *How long have you been working as a nurse overseas?*

Theos: *I've been working for almost 2 years now.*

Christ: *In which country and healthcare setting do you currently work?*

Theos: *I'm currently working in Singapore at _____ Hospital, assigned to the Contact Precaution Ward.*

Christ: *How is it like working in Singapore as a licensed nurse?*

Theos: *Working as a licensed nurse here has been a wonderful experience. It has provided me professional growth, and at the same time, I am able to provide for myself and my family.*

Christ: *What were your initial experiences as an Overseas Filipino Nurse in Singapore? What challenges did you face during your transition?*

Theos: *At the beginning, it was extremely challenging to cope with the work culture and system. In my hospital, we have strict policies for every procedure that we have to follow religiously. For example, in the contact precaution ward, we have to comply with strict infection protocols to protect ourselves and our patients.*

Theos' story of beginning his nursing career abroad highlights the profound challenges Overseas Filipino Nurses face when transitioning to new healthcare environments. His initial experience in Singapore was marked by a steep learning curve—adapting not only to the technical demands of the healthcare system but also to its strict policies and protocols, especially in a high-stakes setting like the Contact Precaution Ward. This reflects a common reality among OFNs, where idealistic expectations of working overseas meet the complexity of navigating unfamiliar clinical cultures, regulatory frameworks, and workplace norms.

Theos' reflection underscores the emotional and professional adjustments required during this transition phase. The initial difficulty in coping with rigorous infection control measures and hospital procedures illustrates how nurses must quickly develop resilience, flexibility, and attention to detail to succeed. Furthermore, the narrative reveals how these transitions are not merely procedural but deeply affect nurses' sense of confidence and belonging within their new professional roles.

Ensuring that nurses like Theos receive comprehensive training and mentorship can ease this challenging period, facilitating smoother integration into the healthcare team and fostering a safer and more supportive working environment.

After Theos I interviewed Cherry. Cherry has been working as a nurse in Singapore for almost three years. She shares the challenges she faced when transitioning to a new work culture with diverse nationalities and adapting to a strict hospital environment.

Christ: *Can you tell me about your initial experiences as an Overseas Filipino Nurse here in Singapore?*

Cherry: *It was really challenging at first, especially working with different nationalities like Indians, Malaysians, and Chinese. Their behaviors and personalities are quite different, so adjusting took some time.*

Christ: *What were some specific challenges during your transition?*

Cherry: *Just understanding how everyone works, their expectations, and the strict hospital policies. It felt exhausting, but I kept reminding myself of the opportunities here.*

Cherry's experience illustrates the typical initial struggles Filipino nurses face abroad. The multicultural environment requires adaptation not just professionally but culturally and socially. Recognizing these challenges early can help institutions develop better orientation programs for foreign nurses.

I also have a chance to interview my friend Dan, who has worked as a nurse in Singapore for nearly two years, began his journey filled with excitement and uncertainty. His initial days involved adjusting to the hospital systems, clinical protocols, and cultural practices very different from his experience in the Philippines.

Christ: *What were your initial experiences like as an Overseas Filipino Nurse in Singapore?*

Dan: *Upon my arrival in Singapore, I was filled with excitement along with some apprehension. The first days I am occupied with orientation sessions and adjusting to the hospital atmosphere. I encountered challenges such as adapting to varied clinical protocols, comprehending the local healthcare policies, understanding the locals and navigating through the hospital systems. One of my largest challenges was the steep learning curve. I needed to quickly get accustomed to the medications, equipment, and patient management techniques that are far different from those in the back home. Additionally, I felt the strain of being away from my family, which occasionally affected my emotional health. I literally miss home and its hospital setting.*

Dan reflects the emotional and professional hurdles of transitioning into a foreign healthcare system. While he embraced new technologies and practices, the emotional toll of homesickness and cultural adjustment was significant. These experiences highlight the need for comprehensive orientation programs and emotional support for new migrant nurses.

The Cultural Reality – Idealism Meets Complexity

Jane's initial excitement about working in a prestigious Singapore hospital was soon tempered by the cultural complexities she encountered. The differences in patient behaviors, communication styles, and workplace dynamics challenged her initial idealistic expectations. Navigating a new work culture meant adjusting to unfamiliar protocols and understanding diverse patient needs, which tested her adaptability and resilience.

Christ: *How is it like working in Singapore as a licensed nurse?*

Jane: *Working in Singapore as a Registered Nurse is good and nice because we are compensated with salary and benefits but sometimes tiring because of the workload.*

Christ: *What were your initial experiences as an Overseas Filipino Nurse in Singapore? What challenges did you face during your transition?*

Jane: *Initially I was excited coz I will be working in a big hospital which is my dream. But few months later, I realized it's good to work back in your own country. It's hard to communicate to other people when you're not in the same country. You can't even express more of your feelings, can't even tell them back what you really want to tell to them. You can just tell them "OKAY" because you don't want to argue with them.*

When Jane first arrived in Singapore, she was wide-eyed and hopeful—she had landed her dream job in a major hospital. But excitement soon gave way to cultural reality. The sparkle of international opportunity dimmed as the isolation of language and difference crept in. "You can't even express your feelings," she told me, recounting how the word "okay" became her shield, her compromise in moments when she wanted to say more but couldn't. There was a quiet sadness in that word—"okay"—a surrender not just of voice, but of self.

Theos shares his journey as an Overseas Filipino Nurse adapting to the demanding healthcare environment in Singapore. His transition involved navigating strict hospital policies, especially in a high-risk contact precaution ward. The initial period was marked by challenges in adjusting to new work cultures and systems, highlighting the complex beginnings of working abroad.

Christ: *Can you share your name or preferred pseudonym?*

Theos: *Just call me, Theos.*

Christ: *How long have you been working as a nurse overseas?*

Theos: *I've been working for almost 2 years now.*

Christ: *In which country and healthcare setting do you currently work?*

Theos: *I'm currently working in Singapore at Tan Tok Seng Hospital, assigned to the Contact Precaution Ward.*

Christ: *How is it like working in Singapore as a licensed nurse?*

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Christ: *What were your initial experiences as an Overseas Filipino Nurse in Singapore? What challenges did you face during your transition?*

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Theos' story of beginning his nursing career abroad highlights the profound challenges Overseas Filipino Nurses face when transitioning to new healthcare environments. His initial experience in Singapore was marked by a steep learning curve—adapting not only to the technical demands of the healthcare system but also to its strict policies and protocols, especially in a high-

stakes setting like the Contact Precaution Ward. This reflects a common reality among OFNs, where idealistic expectations of working overseas meet the complexity of navigating unfamiliar clinical cultures, regulatory frameworks, and workplace norms.

Theo's reflection underscores the emotional and professional adjustments required during this transition phase. The initial difficulty in coping with rigorous infection control measures and hospital procedures illustrates how nurses must quickly develop resilience, flexibility, and attention to detail to succeed. Furthermore, the narrative reveals how these transitions are not merely procedural but deeply affect nurses' sense of confidence and belonging within their new professional roles.

Cherry discusses the complexity of working in a multicultural healthcare team and how cultural differences among colleagues sometimes create tension and misunderstandings.

Christ: *How is it working with colleagues from different cultures?*

Cherry: *It's sometimes difficult because we all have different ways of expressing ourselves. For example, dealing with different personalities can cause misunderstandings.*

Christ: *Can you give an example?*

Cherry: *Once a colleague got angry at me because I laughed when she said "bin" instead of "pin." It was embarrassing for her, and it showed me how sensitive cultural differences can be.*

This theme emphasizes that cultural differences extend beyond language and clinical skills to interpersonal dynamics. Nurses like Cherry must develop intercultural sensitivity to work effectively and harmoniously within diverse teams.

As Dan settled into his role, he encountered the complexities of a multicultural workforce. The cultural differences in behavior, expectations, and interpersonal dynamics added unexpected layers of stress.

Christ: *What challenges did you face when working with colleagues from different backgrounds?*

Dan: *Working in a multicultural setting like Singapore is both enriching and demanding. Each nationality brings different working styles and expectations. Sometimes, I worry that I'm being misunderstood or not delivering the level of care they expect because of cultural gaps.*

Dan's experience underscores how cultural nuances in communication and expectations can become barriers to effective teamwork. Understanding these dynamics is vital for harmonious collaboration and calls for intercultural competence training.

Language as a Barrier to Safe Care

Despite her proficiency in English, Jane faces significant communication hurdles, especially with elderly local patients who speak only Chinese. These language barriers complicate essential nursing tasks, such as obtaining accurate medication histories and delivering health education, often requiring her to rely on translators or colleagues. This struggle emphasizes how language differences can directly impact patient safety and care quality.

Christ: *Can you describe your experiences with communication difficulties due to language differences in your workplace? Can you share a specific incident?*

Jane: *There are times that I was assigned to be a medicating nurse. I was supposed to give the due medication for an old patient but before I give the medicine, I need to ask the patient's name, NRIC number, and history of taking medicine before going to hospital... but sad to say patient cannot understand English coz she is local only speak Chinese. So, I need to call someone or a colleague who is also Chinese and translate my questions. It was a time-consuming task and can disturb other colleagues who also have their own work. I am working in ER area which is busiest area. If patient is demented, I need to call the Next of Kin to clarify. Instead of giving the medicine in exact time, medicine can be delayed.*

Christ: *What aspects of the language do you find most challenging?*

Jane: *The most challenging language is Chinese, because when we came here in Singapore. We didn't study the Chinese language, so it's hard when a patient doesn't know how to speak English and you need someone to translate.*

One of the most vivid stories Jane shared was about an elderly Chinese-speaking patient. A routine medication round transformed into a delicate web of translation and delay. In the emergency room—a place where minutes matter—Jane stood still, unable to act until someone could help her communicate. Her description was layered with frustration, not just at the inefficiency, but at the helplessness it induced. Chinese, the language that dominated many patient interactions, was not something Jane had been trained in. And yet it had become central to her everyday work.

As Theos settled into his role, he encountered the realities of working within a multicultural society. Differences in communication styles and cultural norms among colleagues and patients tested his expectations and required him to develop flexibility. This theme explores how Theos reconciles his professional ideals with the nuanced complexity of a diverse healthcare setting.

Christ: *Can you describe your experiences with communication difficulties due to language differences in your workplace? Can you share a specific incident?*

Theos: *Singapore is a multicultural country, so caring for patients can be challenging. For example, providing health teachings about medications is difficult because some patients don't understand English well. Communicating with colleagues was also tough at first because sometimes I didn't understand them, but with time I got used to their way of speaking.*

Theos' experience illustrates how working in a multicultural environment like Singapore introduces complexities beyond clinical skills. While he initially viewed overseas work as an opportunity for professional and personal growth, the reality of adjusting to different communication styles, work ethics, and social interactions posed significant challenges. The difficulties in understanding colleagues' accents and communication styles highlight the nuanced cultural adjustments nurses must make. This theme captures the tension between the idealized vision of working abroad and the everyday realities of cultural adaptation, underscoring the importance of cultural competence and patience in fostering effective teamwork and job satisfaction.

Cherry shares how language differences, especially accents and pronunciation, affect communication with colleagues and patients, sometimes leading to misunderstandings.

Christ: *What language aspects do you find most challenging at work?*

Cherry: *Pronunciation, especially when people pronounce 'P' as 'B'. It makes it hard to understand instructions sometimes.*

Christ: *Has this ever affected your work?*

Cherry: *Yes, it has led to confusion and sometimes misunderstandings with colleagues or patients.*

Cherry highlights how phonological differences in a multicultural setting can directly impact the accuracy of communication, increasing the risk of errors. Training focused on accent awareness could help reduce these barriers.

Despite being proficient in English, Dan encountered difficulties with accents, local colloquialisms, and medical jargon, which affected communication with both patients and colleagues.

Christ: *Can you describe how language differences affected your communication at work?*

Dan: *Language differences can greatly influence my job there, particularly in a multicultural setting like Singapore. I recall a particular instance where I had to administer medication to a patient who predominantly spoke Mandarin. Despite my attempts to communicate, I found it difficult to grasp their specific needs and concerns. I had to depend on a colleague who was proficient in Mandarin to help with the conversation. This incident underscored the importance of effective communication in safeguarding patient safety and delivering high-quality care. Also it marked me as someone who cannot "understand them". It is hard to make your patients feel that way, I've been covered with thoughts that I didn't deliver full quality of care that I can give.*

This theme reveals how language gaps can compromise patient trust and nurse confidence. Dan's emotional response to the communication failure highlights the critical role of language in delivering culturally safe and competent care.

Near-Miss Medication Incidents and Emotional Fallout

Jane recounts the emotional strain caused by delayed medication administration linked to language barriers. Near-missed medication incidents not only raise concerns about patient safety but also affect her confidence and emotional well-being as a nurse. Her experiences reveal the psychological burden that such high-stakes challenges impose on frontline healthcare workers.

Christ: *Have you ever encountered a situation where a language barrier contributed to a near missed medication error?*

Jane: *Yes, there was a situation that I'm about to give a medicine to an adult patient, but when I approach her, she cannot understand English. So I need translator, but the problem is, no one is available to help me... So I decided to wait for my Chinese colleague. So it takes time... medicine was delayed because of the language barrier.*

Christ: *How did the near-miss incident impact your confidence and emotional well-being as a nurse?*

Jane: *Near-missed medication... It really affects my confident and emotionally stress as a nurse coz I feel like I'm idiot. Some medicines are new to me, don't know how to administer... I will choose a colleague who is approachable and kind.*

Jane's honesty was striking. When recounting a near-miss, she didn't blame anyone—not even herself—yet she still felt crushed. "I feel like I'm idiot," she said quietly. There was no grammar check in that moment, no professional detachment. Just vulnerability. The language barrier did more than delay medicine—it pierced her confidence, made her question her worth. In those moments, her only recourse was to find a kind colleague, someone who wouldn't judge but would help.

While Theos has not personally experienced medication errors linked to language barriers, he remains vigilant about the possibility. He emphasizes the importance of established safety technologies that help mitigate risks, reflecting his cautious approach to maintaining patient safety.

Christ: *Have you ever encountered a situation where a language barrier contributed to a near-missed medication error? Can you describe what happened and how you addressed it?*

Theos: *Actually, I haven't experienced any near-miss medication incidents caused by communication barriers. We use systems like Rover and Epic to track doctors' orders effectively. Singapore's healthcare system uses technology and well-researched guidelines to ensure patient safety.*

Christ: *Have you experienced misunderstandings with doctors, pharmacists, or patients regarding medication instructions? How do you handle those?*

Theos: *If I'm unsure about medication orders, I immediately communicate with doctors or pharmacists. I always clarify questionable instructions. My senior colleagues are also very helpful, so I consult with them to make sure we're on the safe side.*

Christ: *How would a near-missed medication incident affect your confidence and emotional well-being?*

Theos: *I haven't experienced one here yet, but if it happened, I would learn from it and always ask questions if I'm unsure. Patient safety is always our top priority.*

While Theos has not encountered near-miss medication errors related to language barriers, his narrative recognizes the potential emotional impact such incidents can have on nurses. The responsibility of ensuring patient safety weighs heavily, and even the fear of making mistakes can affect emotional well-being. This theme draws attention to the psychological burden nurses carry, highlighting the importance of fostering a non-punitive culture where nurses feel safe to ask questions and report concerns. It also points to the crucial role of robust systems and technology in minimizing errors and supporting nurse confidence.

Cherry describes a near-miss medication incident caused by a language barrier with a patient who could not understand English, which was a critical learning moment for her.

Christ: *Have you ever experienced a near-miss medication error related to language barriers?*

Cherry: *Yes, I was new, and a patient couldn't understand English. I almost gave medication without confirming properly, but luckily a colleague helped.*

Christ: *How did that affect you?*

Cherry: *It made me more careful and confident to always double-check and clarify.*

This theme reveals the emotional impact of near-misses on nurses. Cherry's experience reinforces the importance of vigilance, teamwork, and support systems to maintain safety in multicultural care environments.

Dan shares a near-miss incident rooted in a misunderstanding of local practices and expectations, shedding light on the pressure and scrutiny nurses face.

Christ: *Have you experienced a near-miss medication error because of communication issues?*

Dan: *I encountered a near-miss situation when my actions were misunderstood there practices are far different back home, strict monitoring of nursing care is applied. I was about to give this medication to a patient and I turned around for rechecking and then turned around the second time; my act of unsureness was credited as a near-missed incident. I prepared the correct dosage, route, timing of medication and was just about to give it when I felt the need to verify with a senior nurse.*

Dan's experience highlights how unfamiliarity with local procedures and heightened scrutiny can lead to emotional stress. Although the error was avoided, the experience left a lasting impact on his confidence, reinforcing the importance of supportive supervision and clear communication protocols.

Coping, Strategies, and Support

To overcome communication challenges, Jane actively seeks help from bilingual colleagues and even patient family members. She develops practical strategies to ensure safe medication administration despite language gaps. Her story reflects the importance of teamwork, resourcefulness, and institutional encouragement—such as regular reminders from nurse officers—to foster a supportive work environment.

Christ: *What steps did you take to prevent similar near-miss incidents in the future?*

Jane: *I always ask for help to my Chinese colleague. Then if they are also busy, I always find Chinese people—even the other patient's Next of Kin—I will approach them to ask for help.*

Christ: *What strategies or coping mechanisms have you developed to overcome language barriers?*

Jane: *The strategies I use is finding people inside the Emergency Department who knows how to translate. Don't rely on your colleague, find other Chinese people even Next of Kin who is willing to help.*

Christ: *Did your workplace provide any support or intervention after the near-miss?*

Jane: *Before the shift will start, we always have ROLL CALL. Our Nurse officers always say: ask for help if we need help, don't hesitate to ask. They always remind us regarding medication errors. No need to rush in giving medicine, verify first... be mindful in patient's SAFETY.*

Out of necessity, Jane built her own support system. She learned to scan the room for help—not just among staff, but even among patients' relatives. These impromptu translators became her lifeline. The hospital provided some guidance, mostly through pre-shift briefings and safety reminders, but what really sustained her were the informal networks and her own initiative. Her story was one of adaptation, resilience, and the quiet courage to keep asking for help even when the system wasn't fully built for her.

Theos employs practical strategies such as seeking assistance from multilingual colleagues and leveraging supervisory support to overcome language difficulties. His experience reveals the value of collaborative teamwork and accessible resources in managing communication challenges effectively.

Christ: *What steps do you take to prevent similar near-missed incidents?*

Theos: *We always practice the "5 rights" of medication administration. We also clarify any unclear orders with healthcare providers. In Singapore, we follow the International Patient Safety Goals to ensure safe practices at all times.*

Christ: *What coping mechanisms have you developed to overcome language barriers in medication administration?*

Theos: *When language barriers come up, I ask colleagues who speak the language fluently to help translate. Our supervisors make sure nurses who speak Chinese and Indian are available to assist with communication.*

Christ: *Did your workplace provide any support or intervention after a near-miss incident? How effective was it?*

Theos: *Our hospital provides information accessible through the hospital server and has a pharmacy open 24/7 for medication queries. These resources are very helpful and increase our confidence in patient care.*

Theos demonstrates proactive coping strategies by seeking help from colleagues fluent in different languages and utilizing institutional resources like pharmacy support and hospital information systems. His reliance on teamwork and open communication reflects effective adaptive mechanisms in managing language and cultural challenges. Furthermore, the presence of supervisors ensuring language diversity among staff shows a supportive work environment that helps mitigate barriers. This theme underscores the value of collaborative problem-solving, continuous learning, and institutional backing to empower nurses working in diverse settings.

Cherry shares the strategies she uses to overcome language barriers, including asking for help, confirming information, and relying on supportive colleagues.

Christ: *What strategies have you developed to cope with language challenges?*

Cherry: *I always ask for clarification if I don't understand and confirm information with patients or colleagues. Also, I ask for help when needed.*

Christ: *Does your workplace provide support?*

Cherry: *Yes, the support is effective. I apply what I learn and it gives me confidence.*

Cherry's proactive approach and the supportive work environment highlight the critical role of communication strategies and institutional support in overcoming language barriers.

To overcome language and procedural challenges, Dan developed personal strategies and relied on peer support. These helped him rebuild his confidence and perform his duties more safely.

Christ: *What coping strategies have helped you handle language and communication challenges?*

Dan: *To address language barriers, I studied or frequently read during breaks random pages concentrating on medical terminology and conversational skills. I also talk a lot with colleagues willing to assist me in enhancing my language proficiency. Moreover, I began listing in my phone unfamiliar terms and their definitions, which I would review when possible.*

Dan's proactive attitude in addressing gaps in understanding demonstrates resilience and adaptability. Peer support and continuous learning became essential components of his growth and safety in clinical practice.

Reflection on Institutional Gaps

Jane highlights the absence of formal language training programs for foreign nurses within her institution, noting that most rely on basic English skills and ad hoc translation support. She points out the need for healthcare institutions to invest more in language education and professional interpreter services to better support nurses and enhance patient safety in a multicultural setting.

Christ: *In what ways can hospitals or healthcare institutions improve language training and communication support for foreign nurses?*

Jane: *I don't think my institutions have language training... Most people here in Singapore knows basic English except those Geriatric old Chinese patients. As long as you know how to speak English and you know how to ask for help, you can communicate with them.*

When I asked Jane about institutional language training, her answer was matter-of-fact. There was none, at least none that she knew of. English was assumed to be enough. And for many patients, it was. But not all. Especially not the elderly. Jane navigated this gap not with formal tools, but with instinct and improvisation. She made it work—not perfectly, but with integrity.

Christ: *In what ways can hospitals or healthcare institutions improve language training and communication support for foreign nurses?*

Theos: *I think it's essential for hospitals to have official language translators and provide language training if necessary. As nurses, gradually learning the language of your patients is also very beneficial.*

Theos acknowledges the availability of helpful institutional supports like 24-hour pharmacy services and digital information access but also advocates for more structured language training and official interpreter services. His reflections point to areas where healthcare institutions can strengthen support for foreign nurses in a multicultural context.

Cherry believes that healthcare institutions can do more by offering language training and communication programs to help foreign nurses integrate and perform safely.

Christ: *How do you think hospitals can improve language and communication support for foreign nurses?*

Cherry: *They should provide training programs and lectures to improve language skills and communication.*

Christ: *Do you think learning the patient's language is helpful?*

Cherry: *Yes, gradually learning the patient's language would be very beneficial.*

Cherry points out the institutional gaps in language support for foreign nurses. Addressing these gaps through structured training can improve nurse confidence, reduce errors, and enhance patient safety in multicultural healthcare settings.

Dan emphasizes the need for structured institutional support, suggesting improvements that can empower foreign nurses and ensure patient safety.

Christ: *What could hospitals do better to support foreign nurses like yourself?*

Dan: *Hospitals and healthcare institutions could significantly improve language training and communication support by offering structured programs tailored to nursing practice. This could include seminars or one-on-one sessions focused on medical vocabulary cultural sensitivity training, and real-life scenario simulations.*

Dan's suggestions reflect an urgent need for institutional reforms. Structured training, mentorship, and interdisciplinary collaboration can create a safer, more inclusive environment for foreign-trained nurses navigating the challenges of a new healthcare system.

The lived experiences of Jane, Cherry, Theos, and Dan—Overseas Filipino Nurses (OFNs) working in Singapore—offer a profound look into the complex realities of foreign nursing practice in a multicultural and high-performance healthcare system. Despite coming from different backgrounds and varying years of experience, they share common ground in the challenges and growth they experienced while navigating professional nursing practice abroad.

All four nurses were drawn to Singapore by its reputation for advanced healthcare systems, better salaries, and career advancement opportunities. Upon arrival, however, they were quickly confronted with the stark contrast between expectations and reality. The initial transition was marked by adjustment to unfamiliar clinical protocols, cultural differences among multinational colleagues and patients, and a highly structured hospital system with intense workloads and expectations for precision.

A recurring and impactful theme in their narratives was language and communication difficulty, especially in relation to medication administration. Despite English being their working language, phonological differences, unfamiliar accents, medical jargon, and cultural slang often led to misunderstandings. Cherry shared a specific incident where phonetic confusion between "pin" and "bin" resulted in tension with a colleague. Dan recounted struggling to understand Mandarin-speaking patients, which impacted his sense of competence. Jane highlighted how fast-paced conversations with doctors could compromise clarity in medication instructions, while Theos noted the difficulty in understanding patient requests due to pronunciation issues, particularly between local and foreign staff.

Several of the participants recounted near-miss medication incidents that were either directly or indirectly caused by communication breakdowns. Cherry nearly gave medication to the wrong patient due to a language barrier. Dan described how his caution in verifying a medication order was perceived as a near-miss, reflecting how even well-intentioned practices could be misjudged without clear communication. These incidents often resulted in feelings of shame, anxiety, and temporary loss of confidence. However, they also became critical moments for learning and reflection, prompting the nurses to adopt safer practices and more careful communication strategies.

All participants offered thoughtful recommendations for improving healthcare systems to better support foreign nurses. Suggestions included structured language and cultural training during orientation, real-world simulations to prepare for high-risk situations, and consistent mentorship programs to build confidence. They expressed that language barriers should not be viewed as personal shortcomings but as institutional challenges requiring proactive solutions.

To cope, the participants implemented various strategies to mitigate language barriers and prevent further incidents. These included double-checking instructions, confirming with colleagues or patients, using communication aids or non-verbal cues, and

documenting carefully. Theos and Jane emphasized the importance of peer support, especially from more experienced colleagues, in building their confidence and competence. Dan also spoke about listing unfamiliar terms on his phone and reviewing them during downtime. These coping strategies align with research by Alquwez (2020), who found that effective peer communication and proactive learning behaviors are vital for mitigating the impact of language barriers in multicultural clinical settings.

The stories of Jane, Cherry, Theos, and Dan paint a picture of courage, adaptability, and professional integrity. Despite the emotional toll of cultural adjustment and communication barriers, each nurse demonstrated a deep commitment to patient safety and continuous improvement. Their collective narratives emphasize the need for healthcare institutions to provide more robust language and communication support to foster both safety and inclusion in increasingly diverse clinical settings.

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The Researcher

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