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Shop Talk

Filipino nurses share thoughts on communication

By John Leighty

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At University Medical Center in Las Vegas, day shift nurses might greet each other with a “hi,” or “magandang umaga” — “good morning” in Tagalog.

With one-third of the hospital’s 2,000 RNs originally from the Philippines, the national language of the Asian-Pacific country is occasionally spoken during lunch and breaks and can be advantageous in dealing with a Filipino patient or family member who speaks little or no English.

Being able to speak Tagalog with friends, says Joy Guideng, RN, director of cardiovascular services at UMC, helps connect Filipino nurses, whose numbers have steadily grown at the hospital through “word of mouth” networking that has helped UMC avoid the crunch of a national nursing shortage crisis. Guideng joined UMC in 1979 at a time when nearly 100 Filipino nurses were being sponsored for permanent resident status. She says that even on breaks, if someone who doesn’t speak Tagalog is present, the Filipino nurses talk in English as a courtesy.

Most foreign-trained nurses have a fairly clear idea of when it is or isn’t appropriate to speak a native language in the workplace environment, but this doesn’t make the issue moot, says Estrella Manio, RN, MSN. She says the topic of nurses speaking non-English is a high-priority concern among hospital administrators who contact her for consultation on cultural diversity issues, including the recruitment of Filipino nurses. Language is a touchy subject — some Filipino nurses feel “targeted,” while some native English

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speakers feel “left out.”

“My stand is employees can freely speak their native language in break rooms, (but) away from patient’s rooms, especially recovery rooms or in cases where patients are somewhat disoriented cognitively,” says Manio, who worked for 32 years at the University of California, San Francisco and retired as a pediatric nurse practitioner and assistant clinical professor.

English-only laws struck down

“There’s nothing regulatory or statutory that requires nurses or other employees to speak English in the workplace,” says attorney Christopher Ho, a veteran language rights expert with the Employment Law Center in San Francisco. Ho adds that to avoid discrimination under federal Civil Rights law, hospitals and other healthcare facilities should seek a “fair and balanced” approach to language policies.

Ho says the English-only mandates passed during the high immigration era of the 1970s and ‘80s in 16 states, including California, Nevada, and Arizona, have either been rescinded or rendered invalid. The California statute was nullified in 2001 when the state Legislature amended the California Fair Employment and Housing Act to prohibit employers from forcing employees to speak only in English without a valid business necessity.

Marita “Merly” Ferrer, RN, president of the Philippine Nurses Association of San Diego County, says while some hospitals have guidelines explaining where “language other than English” isn’t appropriate, the issue is usually covered during orientation sessions for all new nurses. Ferrer says foreign-trained nurses bring a needed element of linguistic and cultural abilities to hospitals that are struggling to serve more diverse populations and any language policy needs to be “consistent and non-disciplinary” with an emphasis on prevention of unwanted incidents.

If a language-related problem occurs, it should be analyzed with outcome-based criteria — whether a patient was harmed, she says. “If it is a safety issue, the incident must be treated as a sentinel event and reported as such. Language is usually only one factor in these rare occurrences.”

Ferrer says Filipino nurses represent more than 75% of all foreign-trained nurses in the U.S., which might be why many have expressed the feeling of being “targeted” over the language issue.

“What we’re dealing with is mostly a perception — it shouldn’t be viewed as a serious problem,” Ferrer says of nurses who sometimes converse in Tagalog.

Teaching dispels myths and misperceptions

At San Ramon Medical Center in Northern California, the key to avoiding language issues is developing a sensitivity among nurses that embraces diversity, says Daisy Rodriguez, RN, MN, MPA. The nurse educator/researcher says she conducts two-hour classes throughout the year designed to reduce cultural prejudices at the hospital.

“We post no formal rules on language, but we all know the rules of courtesy and we’re all professionals,” says Rodriguez, adding that about 10% of the nursing staff is Filipino.

Both Rodriguez and Ferrer emphasize the need not only to orient foreign-born nurses to the health care culture in America, but also to equally emphasize educating native English speakers to increase understanding of

other ethnic groups and the realities of the multicultural makeup of the nation.

“It’s important to dispel myths,” says Ferrer. “For example, many nurses do not know that a large number of Filipino nurses are U.S. citizens.”

Meladee Stankus, RN, MSN, founder of Scottsdale, Ariz.-based Nurse Immigration USA, which recruits internationally to find nurses for American hospitals, points out that all foreign-trained nurses pass rigorous English exams that include subject comprehension, verbal ability, and writing skills. Nurses from the Philippines are particularly well prepared because they’re educated in English, document in English, and generally are immersed in English from a young age, says Stankus.

However, most Filipinos are also proficient in Tagalog, the national language, or some 80 variations that can result in different “accents” that might make their English hard to comprehend for some people. Some of the more common and widely used dialects are Ilocano, Kapampangan, Bicolano, Waray-Waray, Ilongo, Cebuano, Pangasinan, and Zambangueno.

Regional accents common

Arthur Cantos, RN, BSN, a former nurse manager for 10 years at UCSF who is now CEO of Bayani Consulting Network in Manila, says more than 80 million people in the Philippines speak English, but have regional accents just like Americans. The classes he offers, Art-i-Culate, are dedicated to developing self-confidence for speaking English with ease. Nurses are coached to not necessarily give up the Filipino accent but rather to enunciate or articulate their speech — such as speaking more slowly — for ease in understanding. “The key is comprehension, not the accent,” says Cantos.

Stankus says Filipino and other foreign-trained nurses are helping alleviate a nursing shortage predicted to reach 600,000 by 2020 as the majority of today’s U.S. nurses reach retirement age and more RNs are needed to care for aging baby boomers. A generation of nurses who came to the U.S. from the Philippines in the 70s and 80s have filled vacancies in rural and urban hospitals, worked hard, bought homes, and become highly valued clinicians and citizens, she says.

“They’ve made a big contribution to our country and are wonderful role models for what newly arrived nurses can accomplish,” says Stankus. “When I look at their careers and see what they’ve done for this country, it’s awe-inspiring.”

John Leighty is a freelance writer for NurseWeek.

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