INTERNATIONAL JOURNAL OF NURSING, HEALTHCARE AND HOSPITAL ADMINISTRATION **VOL. 1 NO. 1**
E-ISSN: 3116-5974 P-ISSN: 3116-5966
https://doi.org/10.66206/eduheart.ijnhha.67

Navigating Language Barriers: Challenges and Coping Strategies of Nurses in a Multilingual Long-Term Care Facility in Abu Dhabi, UAE

Adonis Palco Bonito[1], Dr. Joel John Dela Merced[2]
https://orcid.org//0009-0003-1663-8383[1]
https://orcid.org//0009-0002-1459-5274[2]
St. Bernadette of Lourdes College[1,2]
abonito@sblc.edu.ph[1] jdelamerced@sblc.edu.ph[2]

ABSTRACT

This study explored the challenges and coping strategies of nurses navigating language barriers in a multilingual long-term care facility in Abu Dhabi, United Arab Emirates. Specifically, it examined how language barriers influence communication, patient safety, therapeutic relationships, and nurses' professional experiences. A descriptive phenomenological design guided by Giorgi's Descriptive Phenomenological Method was employed. Semi-structured interviews were conducted with purposively selected non-Arabic-speaking nurses providing direct patient care. Data were analyzed by identifying and transforming meaning units, followed by thematic synthesis. Findings revealed that language barriers were a persistent, multidimensional challenge affecting communication, care delivery, patient safety, therapeutic relationships, and nurses' emotional well-being. Participants described communication as a continuous process of interpretation requiring reliance on nonverbal cues, translation tools, and support from colleagues. While nurses demonstrated adaptability through various coping strategies, these approaches were often inconsistent and insufficient, particularly in complex clinical situations. The essence of the phenomenon lay in a mismatch between patients' language needs and available communication resources. The study highlights the need for interpreter services, language training programs, standardized communication tools, and culturally responsive communication systems to support safe and patient-centered care. The findings contribute to the limited literature on nurses' lived experiences of language barriers in long-term care settings in Abu Dhabi and provide insights for nursing practice, education, and healthcare policy.

Keywords: *Language barriers, Long-term care nursing; Multilingual healthcare, Descriptive Phenomenology, Cultural competence*

INTRODUCTION

Language barriers remain a significant challenge in healthcare, particularly in multicultural environments where effective communication is essential for safe, high-quality, and patient-centered care. In the United Arab Emirates (UAE), a multilingual healthcare workforce serves culturally diverse patient populations, increasing the likelihood of communication difficulties between nurses and patients. Such barriers may contribute to misunderstandings, delays in care, reduced patient satisfaction, and risks to patient safety. Although language barriers have been widely examined in healthcare research, limited studies have explored the lived experiences of nurses working in multilingual long-term care settings

in Abu Dhabi. Therefore, this study explored the lived experiences of nurses navigating language barriers in a multilingual long-term care facility in Abu Dhabi, focusing on the challenges they encounter, the coping strategies they employ, and the support systems needed to facilitate effective communication and culturally competent care.

Research Question

This study answered the question: How do nurses in a multilingual long-term care facility experience and navigate language barriers in their daily caregiving practice?

Scope and Limitations

This study was conducted in a single long-term care facility in Abu Dhabi, United Arab Emirates, and focused exclusively on nurses' lived experiences of navigating language barriers in a multilingual healthcare environment. As a qualitative phenomenological study, the findings are not intended to be generalized to all healthcare settings. The data relied on participants' self-reported experiences, which may have been influenced by perception or recall bias. Additionally, the perspectives of other healthcare professionals, patients, and family members were not explored. Cultural differences and the use of informal translation strategies during clinical practice may also have influenced participants' interpretations and descriptions of their experiences. Despite these limitations, the study provides valuable insights into the communication challenges, adaptive strategies, and support needs of nurses working in multilingual long-term care settings.

Review of Related Literature

Previous studies have identified language barriers as a persistent challenge affecting communication, patient safety, quality of care, and healthcare efficiency in multicultural healthcare settings (Gerchow et al., 2021; Antón-Solanas et al., 2022). In the UAE and other multilingual healthcare settings, non-Arabic-speaking healthcare professionals frequently encounter communication difficulties that contribute to misunderstandings, reduced trust, and challenges in care delivery (Al-Yateem et al., 2023). Healthcare providers often rely on interpreter services, translation technologies, nonverbal communication, and bilingual colleagues; however, these strategies may be inconsistent and insufficient in complex clinical situations. Existing literature emphasizes the importance of institutional support through language training, communication resources, and culturally responsive policies while highlighting the limited research on nurses' lived experiences in multilingual long-term care settings.

Theoretical Framework

This study was guided by Leininger's Transcultural Nursing Theory, Peplau's Interpersonal Relations Theory, and Roy's Adaptation Model. Together, these theories explain how language barriers influence culturally congruent care, therapeutic nurse–patient relationships, and nurses' adaptive responses to communication challenges. The framework supports understanding language barriers as cultural, interpersonal, and environmental phenomena requiring continuous adaptation to maintain safe, patient-centered, and culturally responsive care in multilingual healthcare settings.

Conceptual Framework

The study utilized an Input–Process–Output (IPO) framework to guide the research process. Inputs included nurses' linguistic and cultural backgrounds, communication challenges, and available institutional support systems. The process involved data collection through semi-structured interviews and analysis using Giorgi's Descriptive Phenomenological Method. The outputs consisted of identified communication challenges, coping strategies, and their implications for patient safety, nurse–patient relationships, and quality of care, which informed recommendations for practice and policy.

METHODOLOGY

This study employed a descriptive phenomenological design guided by Giorgi's Descriptive Phenomenological Method to explore nurses' lived experiences of language barriers in a multilingual long-term care facility in Abu Dhabi, United Arab Emirates. Semi-structured interviews were conducted with purposively selected non-Arabic-speaking nurses with at least 6 months of direct patient care experience. Data were analyzed through phenomenological reduction, identification of meaning units, thematic synthesis, and structural description. Reflexive journaling and bracketing were employed to enhance methodological rigor and ensure that interpretations remained grounded in participants' lived experiences.

RESULTS AND DISCUSSION

The findings revealed that nurses experience language barriers as a persistent, multidimensional challenge that affects communication, patient safety, therapeutic relationships, care delivery, and emotional well-being. Participants described communication as a continuous process of interpretation requiring reliance on nonverbal cues, translation tools, and support from colleagues. Language barriers contributed to delays in care, misunderstandings, reduced patient compliance, weakened trust, and increased professional stress. Participants reported difficulty establishing therapeutic relationships and ensuring safe, timely care when patients were unable to understand instructions or express their needs effectively.

The findings support Leininger's Transcultural Nursing Theory by demonstrating how language barriers hinder culturally congruent care. Consistent with Peplau's Interpersonal Relations Theory, communication difficulties disrupted trust and therapeutic nurse–patient relationships. The findings also align with Roy's Adaptation Model, as nurses continuously adapted through teamwork, translation technologies, nonverbal communication, and self-directed language learning. However, these coping strategies were often insufficient without structured institutional support, underscoring the need for organizational interventions to strengthen communication and patient safety in multilingual healthcare settings.

CONCLUSIONS AND IMPLICATIONS

This study concludes that language barriers pose significant clinical and organizational challenges in multilingual long-term care settings. Beyond affecting communication, these barriers influence patient safety, therapeutic relationships, care quality, and nurses' professional well-being. Although participants demonstrated resilience through adaptive strategies such as translation tools, teamwork, and nonverbal communication, these approaches

were often insufficient without structured organizational support. The findings underscore the importance of interpreter services, language training, standardized communication resources, and culturally responsive policies in promoting safe, patient-centered care. Furthermore, the study reinforces the need to integrate cultural competence, therapeutic communication, and adaptive practice into nursing education, professional development, and healthcare policy.

ACKNOWLEDGMENTS

The researcher expresses sincere gratitude to the study participants and all individuals who contributed to the successful completion of this research.

AI DECLARATION STATEMENT:

AI-assisted tools were used to support grammar, language refinement, and manuscript organization. No AI tools were used in the collection, analysis, interpretation, or reporting of research data. All intellectual content, findings, and scholarly contributions remain the responsibility of the author.

REFERENCES

Al-Yateem, N., Hijazi, H., Saifan, A. R., Ahmad, A., Masa'Deh, R., Alrimawi, I., Rahman, S. A., Subu, M. A., & Ahmed, F. R. (2023). Quality and safety issue: language barriers in healthcare, a qualitative study of non-Arab healthcare practitioners caring for Arabic patients in the UAE. BMJ Open, 13(12), e076326.

Antón-Solanas, I., Rodríguez-Roca, B., Vanceulebroeck, V., Kömürcü, N., Kalkan, I., Tambo-Lizalde, E., Huércanos-Esparza, I., Casa Nova, A., Hamam-Alcober, N., & Coelho, M. (2022). Qualified nurses' perceptions of cultural competence and experiences of caring for culturally diverse patients: a qualitative study in four European countries. Nursing Reports, 12(2), 348–364.

Gerchow, L., Burka, L. R., Miner, S., & Squires, A. (2021). Language barriers between nurses and patients: A scoping review. In Patient Education and Counseling (Vol. 104, Number 3, pp. 534–553). Elsevier Ireland Ltd. https://doi.org/10.1016/j.pec.2020.09.017

Wayne, G. (2014). Madeleine Leininger's Transcultural Nursing theory. Accessed.

Giorgi, A. (2016). The descriptive phenomenological psychological method. In Journal of Phenomenological Psychology (Vol. 47, Number 1, pp. 3–12). Brill Academic Publishers. https://doi.org/10.1163/156916212X632934