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Lived Experiences of Filipino Nurses Working in the Medical and Surgical Departments of Darlington Memorial Hospital, United Kingdom

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Abstract

This study explored the lived experiences of twenty-six (26) Filipino nurses working in the medical and surgical departments of Darlington Memorial Hospital (DMH), United Kingdom. Using a descriptive research design and a self-developed, expert-validated survey, the study examined their cultural adaptation, workplace environment, and support systems. It also analyzed the relationship between their demographic profiles (age, sex, civil status, length of service, and department) and these experiences. The results showed that most respondents were young (31–40 years old), female, married, and relatively new to DMH (1–3 years of service), with many working in the Operating Room. Overall, participants expressed positive experiences (grand mean = 3.16), with the workplace environment receiving the highest rating (mean = 3.29, "Strongly Agree"), particularly in understanding local healthcare practices. Cultural adaptation received the lowest rating (mean = 3.08, "Agree"), with participation in local community events identified as the most challenging aspect. Statistical analysis revealed significant relationships between age and all aspects of lived experience, between civil status and both cultural adaptation and support systems, and between length of service and both cultural adaptation and workplace environment. No significant association was found between department type and the nurses' lived experiences. Based on these findings, the study recommends implementing culturally sensitive training, language and technical skills development, mentorship programs, enhanced mental health support, and community engagement initiatives. It also encourages experienced Filipino nurses to mentor newcomers and suggests that relevant Philippine agencies support these professionals through housing assistance and active workplace engagement.

Keywords: *Filipino Nurses, Lived Experiences, Medical and Surgical, United Kingdom*

Introduction

Nursing is a vital and demanding profession that plays a central role in protecting, promoting, and optimizing individual and community health. As primary caregivers, nurses are responsible for assessing patient conditions, planning and implementing care, and collaborating with other healthcare professionals to ensure quality outcomes. To fulfill these responsibilities effectively, nurses must demonstrate high levels of competence, adaptability, and compassion. Their contribution is fundamental to the stability and sustainability of global healthcare systems, making it essential to provide them with the necessary support to navigate the complex challenges they face across diverse clinical environments.

In today's globalized healthcare landscape, the nursing workforce remains the largest, most mobile, and diverse group of healthcare providers. One in every eight nurses works in a country different from where they were born or trained, often driven by professional, economic, and personal motivations [1],[2]. Filipino nurses, in particular, form a significant portion of the global nursing diaspora. Many are employed within the United Kingdom's National Health Service (NHS), which currently employs over 400,000 healthcare workers [3]. These nurses operate within a legal framework defined by the Nursing and Midwifery Order 2001 and governed by the Nursing and Midwifery Council under the Health Act 1999. Similarly, the Philippine Labor Code (Article 93) mandates the protection of workers' health and safety, including that of migrant nurses.

Despite these legal safeguards and their substantial contributions to healthcare systems abroad, Filipino nurses continue to face significant professional and personal challenges. These include long waiting periods between job offers and the start of paid employment, entry-level salaries that do not reflect their qualifications, discrimination, and limited opportunities for career advancement [4]. Other barriers include language proficiency difficulties, issues related to family migration, cultural adaptation, and lack of support from co-workers, all of which may lead to marginalization and emotional distress [5]. These issues can negatively impact the nurses' well-being, reduce job satisfaction, and compromise the quality of care delivered.

Nonetheless, Filipino nurses continue to pursue opportunities in high-income countries, enhancing their skills and contributing to transnational health partnerships. Understanding their lived experiences is crucial in designing interventions and policies that promote better integration, professional development, and well-being. In particular, examining the experiences of Filipino nurses at Darlington Memorial Hospital (DMH) in the UK can offer specific insights into the barriers they face and the strategies they employ to overcome them. These insights can inform nursing institutions, policymakers, and recruitment agencies on how to create more inclusive, supportive, and culturally responsive work environments.

This study aims to explore the lived experiences of Filipino nurses working at Darlington Memorial Hospital, with a focus on cultural adaptation, workplace environment, and available support systems. Specifically, it seeks to:

1. Describe the demographic profile of the respondents in terms of age, sex, civil status, length of service, and department assignment.
2. Examine their lived experiences in relation to cultural adaptation, workplace environment, and support systems.
3. Determine the relationship between their demographic profile and their lived experiences.
4. Propose evidence-based measures to help Filipino nurses overcome the challenges they face in their work environment at DMH.

By addressing these aims, the study hopes to contribute to the development of strategies that enhance the well-being and professional satisfaction of Filipino nurses, support their cultural integration, and ultimately improve the quality of healthcare services in transnational settings.

Materials and Methods

A. Research Design

This study employed a descriptive research design using a self-made, expert-validated survey questionnaire as the primary data collection tool. Descriptive research is used to systematically collect and interpret data to describe current conditions and relationships between variables [6]. This approach was chosen to explore and describe the demographic profile and lived experiences of Filipino migrant nurses at Darlington Memorial Hospital (DMH), particularly in terms of cultural adaptation, workplace environment, and available support systems. The design allowed for a comprehensive understanding of the challenges these nurses face and how such experiences relate to their demographic characteristics.

B. Participants and Sampling

The study targeted Filipino nurses currently employed full-time at Darlington Memorial Hospital (DMH) in the United Kingdom. A total of twenty-six (26) respondents were selected through purposive sampling, a technique that ensures that participants meet specific criteria relevant to the research objectives. This method was appropriate for selecting individuals capable of providing rich, relevant data about the occupational, personal, environmental, and socio-cultural challenges experienced in their workplace.

Table 1. Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
• Filipino nationality	• Part-time employment
• Full-time employment at DMH	• Less than six months of service
• Minimum of six months of continuous service at DMH at the time of the study	• Unwillingness to participate
• Willingness to provide informed consent	

Ethical clearance was obtained from Darlington Memorial Hospital. Informed consent was secured, and participation was voluntary. The study ensured anonymity and confidentiality throughout all stages of data collection and reporting.

C. Data Collection and Analysis

Data were collected using a structured questionnaire developed by the researcher and validated by subject matter experts. The instrument was designed to assess three main areas: (1) cultural adaptation, (2) workplace environment, and (3) support systems. A 4-point Likert scale was used, ranging from 1 ("Strongly Disagree") to 4 ("Strongly Agree"). Surveys were distributed electronically via email and social media accounts, with some printed copies administered and retrieved in person, ensuring compliance with health and safety protocols.

Quantitative data were processed using appropriate statistical tools:

- Frequency and Percentage Distribution were used to describe the demographic profiles of the respondents.
- Mean and Standard Deviation were employed to assess the perceived extent of challenges.
- Pearson-r Correlation Coefficient was applied to examine the relationship between demographic variables and lived experiences.
- See Table 2 for the Scoring Guide for Interpretation:

Table 2. Scoring Guide for Interpretation

Scale	Range	Verbal Interpretation
4	3.25–4.00	Strongly Agree
3	2.50–3.24	Agree
2	1.75–2.49	Disagree
1	1.00–1.74	Strongly Disagree

In compliance with the Data Privacy Act of 2012, all collected data were securely organized in Excel, converted into PDF, and stored in cloud storage with restricted access. Only the principal researcher and the Ethics Review Board of the University of Saint Anthony (USANT) had access to the raw data. All files were permanently deleted upon the completion and approval of the research study.

Results

Table 3 presents the demographic profile of the 26 Filipino nurses participating in the study. The majority were aged 31–40 years old (69.24%), female (76.92%), and married (53.85%). In terms of length of service, half had been working at Darlington Memorial Hospital for 1–3 years (50.00%), while most were assigned to the surgical department (57.69%), with the remaining in the medical department (42.31%).

Table 3. Demographic Profile (n=26)

Profile	Frequency	Percentage
Age		
• 31 – 40 years old	18	69.24
• 41 – 50 years old	4	15.38
• 21 – 30 years old	2	7.69
• Above 50	2	7.69
Sex		
• Female	20	76.92
• Male	6	23.08
Civil Status		
• Married	14	53.85
• Single	12	46.15
Length of Service		
• 1 – 3 years	13	50.00
• 4 – 6 years	8	30.77
• 7 – 9 years	1	3.85
• 10 years and above	4	15.38
Area/Department		
• Surgical	15	57.69
• Medical	11	42.31

Table 4 summarizes the cultural adaptation experiences of the respondents. The overall weighted mean is 3.08, interpreted as "Agree," indicating that the Filipino nurses generally perceived themselves as moderately well-adapted to the local culture. The highest-rated item was the ability to manage or cope with cultural differences in the work environment (WM = 3.35), followed by language proficiency (WM = 3.27) and maintaining cultural identity while integrating into the local community (WM = 3.23). The lowest-rated item was participation in local community events (WM = 2.42), suggesting that community involvement remains a key challenge in the adaptation process.

Table 4. Cultural Adaptation

Indicators		WM	Interpretation	Rank
1.	I am familiar with the local customs and traditions of the UK.	3.08	Agree	7
2.	I have a high proficiency level in the local language.	3.27	Strongly Agree	2
3.	I feel comfortable initiating conversations with locals.	3.08	Agree	7
4.	I have many local friends and acquaintances since moving to the UK.	3.00	Agree	9
5.	I have participated in local community events or activities.	2.42	Disagree	10
6.	I have adapted daily routines (e.g., meal times, social activities) to align with local practices.	3.08	Agree	7
7.	I can manage or cope with cultural differences in my work environment.	3.35	Strongly Agree	1
8.	I have experienced homesickness or culture shock, but only for a short time.	3.12	Agree	5
9.	I feel accepted and respected by locals.	3.19	Agree	4
10.	I am well-integrated into the local community but have maintained my cultural identity.	3.23	Agree	3
	Average Weighted Mean	**3.08**	**Agree**	

Table 5 presents the respondents' perceptions of their workplace environment at Darlington Memorial Hospital. Overall, the nurses strongly agreed that they experienced a positive work environment (Average WM = 3.29). The highest-rated item was their understanding of local healthcare practices and ability to adapt nursing care to cultural contexts (WM = 3.46). This was followed by access to professional development opportunities and the availability of necessary tools and resources (WM = 3.38). The lowest-rated items were participation in team meetings or departmental activities (WM = 3.12) and supportive leadership and management practices (WM = 3.15), though these still fell within the "Agree" category, indicating generally positive perceptions across all areas.

Table 5. Workplace Environment

Indicators		WM	Interpretation	Rank
1.	I feel comfortable discussing work-related issues with colleagues and supervisors.	3.31	Strongly Agree	6
2.	I can easily participate in team meetings or departmental activities.	3.12	Agree	10
3.	I engage in professional development opportunities (e.g., workshops, training).	3.38	Strongly Agree	2
4.	I understand local healthcare practices and adapt nursing practices to fit cultural contexts.	3.46	Strongly Agree	1
5.	I feel belonging and acceptance within the healthcare team.	3.35	Strongly Agree	4
6.	I perceive safety and comfort in the workplace.	3.31	Strongly Agree	6
7.	I have access to resources and tools needed for job performance.	3.38	Strongly Agree	3
8.	There is supportive leadership and management practices.	3.15	Agree	8.5
9.	My job role and expectations are clear.	3.31	Strongly Agree	6
10.	There is clarity in reporting structures and lines of communication.	3.15	Agree	8.5
	Average Weighted Mean	**3.29**	**Strongly Agree**	

Table 6 presents the perceptions of Filipino nurses regarding the support systems available to them at Darlington Memorial Hospital. The overall average weighted mean is 3.11, indicating that respondents generally agree that supportive structures are present. The highest-rated item was regular

communication with family and friends back home (WM = 3.85), followed by a sense of connection with workplace colleagues (WM = 3.42) and peer support from fellow Filipino nurses (WM = 3.31).

The lowest-rated item was access to housing options or relocation assistance (WM = 2.46), suggesting this is a notable gap in support. Participation in local support groups and expat organizations also received lower ratings, indicating areas for potential improvement in social integration and external community engagement. Overall, while emotional and peer-related support systems are strong, practical and community-based supports may need enhancement.

Table 6. Support System

Indicators	WM	Interpretation	Rank
1. I have access to formal support services (e.g., HR, counseling services at DMH).	3.19	Agree	6
2. There is a mentor or buddy in the workplace who helps me stay updated on policies, expectations, and changes.	3.23	Agree	4.5
3. I seek help or guidance from fellow Filipino nurses without fear of judgment or repercussions.	3.31	Strongly Agree	3
4. I participate in local groups that provide a safe space to share experiences and emotions.	2.69	Agree	9
5. I have access to mental health resources that promote self-care (e.g., yoga, mindfulness, stress management).	2.92	Agree	7
6. I regularly check in with family and friends back home (via phone/video calls, emails, or messaging apps).	3.85	Strongly Agree	1
7. I feel connected to colleagues at work through friendships, mentorship, or peer support groups.	3.42	Strongly Agree	2
8. I join expat groups, clubs, or organizations that provide social support and a sense of community.	2.81	Agree	8
9. I have access to housing options such as company-provided accommodation or relocation assistance.	2.46	Disagree	10
10. I receive timely and consistent feedback on my performance with opportunities for growth at DMH.	3.23	Agree	4.5
Average Weighted Mean	**3.11**	**Agree**	

Table 7 summarizes the overall experiences of Filipino nurses at Darlington Memorial Hospital across three key areas: cultural adaptation, workplace environment, and support systems. Among these, the workplace environment received the highest rating (WM = 3.29, "Strongly Agree"), indicating a generally positive perception of the work setting. This was followed by the support system (WM = 3.11) and cultural adaptation (WM = 3.08), both interpreted as "Agree."

Table 7. Hospital Experience in Terms of Support Systems

Aspect	Weighted Mean (WM)	Interpretation	Rank
Cultural Adaptation	3.08	Agree	3
Workplace Environment	3.29	Strongly Agree	1
Support System	3.11	Agree	2
Average Weighted Mean	3.16	Agree	

The overall average weighted mean is 3.16, suggesting that Filipino nurses generally agree that their experience at the hospital is positive across these key domains, with the strongest support felt in the professional environment and the most room for improvement in cultural integration.

Table 8 presents the results of the correlation analysis between the demographic profile of Filipino nurses and their lived experiences at Darlington Memorial Hospital. The analysis revealed that age was significantly related to all three aspects: cultural adaptation (r = 0.55), work environment (r = 0.52), and support system (r = 0.40), all with p-values < 0.05.

Table 8. Significant Relationship Between the Profile of Filipino Nurses and Their Lived Experiences

Profile	Lived Experience Aspect	r	p-value	Decision	Interpretation
Age	Cultural Adaptation	0.55	0.003	Reject Ho	Significant
	Work Environment	0.52	0.007	Reject Ho	Significant
	Support System	0.40	0.041	Reject Ho	Significant
Sex	Cultural Adaptation	0.16	0.430	Accept Ho	Not Significant
	Work Environment	0.06	0.078	Accept Ho	Not Significant
	Support System	0.23	0.265	Accept Ho	Not Significant
Civil Status	Cultural Adaptation	0.64	0.000	Reject Ho	Significant
	Work Environment	0.29	0.152	Accept Ho	Not Significant
	Support System	0.58	0.002	Reject Ho	Significant
Length of Service	Cultural Adaptation	0.44	0.026	Reject Ho	Significant
	Work Environment	0.51	0.007	Reject Ho	Significant
	Support System	0.24	0.245	Accept Ho	Not Significant
Area/Department	Cultural Adaptation	0.19	0.365	Accept Ho	Not Significant
	Work Environment	0.11	0.590	Accept Ho	Not Significant
	Support System	0.27	0.190	Accept Ho	Not Significant

Civil status also showed a significant relationship with cultural adaptation (r = 0.64) and support system (r = 0.58), while length of service was significantly related to cultural adaptation (r = 0.44) and work environment (r = 0.51). On the other hand, sex and area/department showed no significant relationships with any aspect of the nurses' lived experiences, indicating that these factors did not statistically influence their adaptation or perception of support. These findings suggest that personal factors such as age, marital status, and years of service play a more critical role in shaping the nurses' experiences compared to gender or department assignment.

Discussion

This study investigated the lived experiences of Filipino nurses working at Darlington Memorial Hospital (DMH), United Kingdom, with a specific focus on cultural adaptation, workplace environment, and support systems. The findings offer valuable insights into the challenges and coping mechanisms of migrant nurses, especially in the context of a multicultural and dynamic healthcare environment.

A. Cultural Adaptation

Filipino nurses generally reported a positive, though moderate, level of cultural adaptation, with an overall mean score of 3.08 (Agree). The highest-rated indicator was their ability to cope with cultural differences in the workplace (M = 3.35), suggesting resilience and professional adaptability. However, the lowest-rated item—participation in local community events (M = 2.42)—indicates barriers to full societal integration. These findings align with Kamau et al. [7] and Kim & Lee [8] who highlight that despite professional competence, immigrant nurses often struggle with community-level engagement due to linguistic, cultural, or systemic obstacles. The significant correlation between cultural adaptation and variables such as age, civil status, and length of service emphasizes the role of maturity, family

responsibility, and experience in facilitating smoother transitions. Married nurses, as Zhang et al. [9] noted, often migrate with strong economic motivations, which can drive their determination to succeed despite adjustment difficulties.

B. Workplace Environment

The workplace environment received the highest rating (M = 3.29, Strongly Agree), with Filipino nurses expressing confidence in their ability to understand and adapt to local healthcare protocols (M = 3.46). This supports Gonzalez [10], who stresses the importance of a clear professional structure in promoting job satisfaction and productivity. It also suggests that DMH fosters a professional setting conducive to learning and collaboration. However, the relatively lower score on participation in meetings (M = 3.12) may reflect lingering communication barriers or limited empowerment in shared decision-making—issues echoed by Lagman et al. [11] and Lanada & Culligan [4]. The strong correlation between workplace experience and both age and length of service highlights the importance of time and experience in achieving full workplace integration. These factors help develop confidence, familiarity with procedures, and relationships with team members, thereby improving workplace engagement.

C. Support System

The support system aspect yielded a mean score of 3.11 (Agree), showing moderate satisfaction. Filipino nurses reported strong reliance on digital communication with family (M = 3.85), consistent with the findings of Roldan & Dela Cruz [12], who emphasized the importance of family connections for Filipino emotional well-being. However, limited access to housing support (M = 2.46) points to a crucial gap in institutional support for migrant staff, which could affect their overall stability and job performance. There was a significant relationship between civil status and the level of perceived support, with married individuals likely having more structured personal support systems. This supports the argument by Foldes & Jones [13] that external support networks (including family) contribute significantly to employee wellbeing.

D. General Findings and Implications

Overall, the grand mean across all three aspects was 3.16 (Agree), indicating a generally favorable perception of their lived experiences. Among the three areas, the workplace environment was rated most positively, while cultural adaptation received the lowest scores, pointing to areas where further support is needed. The results indicate that age, civil status, and length of service are significant factors influencing the experiences of Filipino nurses, while sex and department were not. This supports studies by Woo et al. [14] and the World Health Organization [2] that, while gender disparity exists in nursing, it does not necessarily predict integration outcomes. On the contrary, variables like age and marital status appear more impactful on the emotional, cultural, and social dimensions of the migrant nursing experience. These findings align with Kamau et al. [15] and Jenkins et al. [16], who advocate for structured integration programs that account for socio-demographic differences. Interventions such as mentorship, peer-support systems, and culturally tailored training are essential to promote holistic adjustment. Furthermore, these results underscore the importance of institutional policies that are responsive to the diverse backgrounds of migrant nurses to ensure sustainable workforce integration and well-being.

Conclusion

Filipino nurses at DMH demonstrate resilience and professional competence in adapting to their work environment, though challenges remain in broader cultural integration and systemic support. Understanding these lived experiences provides a foundation for implementing responsive policies and support systems. With targeted interventions, institutions like DMH can enhance nurse well-being, professional performance, and retention, while contributing meaningfully to a globally mobile healthcare workforce.

Recommendations

To improve cultural adaptation, nursing associations and hospital management should offer structured cultural sensitivity and language training programs. Consistent with Koo & Choi [17], such efforts enhance confidence and communication, particularly in socially unfamiliar environments. In the workplace, implementing needs-based mentorship programs, where experienced staff support newer arrivals, could strengthen team dynamics and professional confidence, as also recommended by Santos et al. [18]. Additionally, encouraging involvement in peer-support groups can help nurses process challenges and develop coping strategies. To strengthen support systems, the hospital should expand mental health resources, conduct stress management workshops, and improve access to housing assistance. These enhancements would contribute to improved job satisfaction and retention, as highlighted by Hadisuyatmana et al. [19].

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