Conversations through barriers of language and interpretation

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Ireland has become a multicultural society over a relatively short period of time. Over the past decade, there has been a dramatic rise in the number of immigrants moving into Ireland. Non-Irish nationals, the majority of whom are migrant workers, comprise 12% of the total population (Central Statistics Office, 2012). People from 199 different nationalities and cultures live in Ireland (Central Statistics Office, 2012). Undoubtedly, this population has health needs and requires quality care, however its diverse cultural backgrounds and different languages can present challenges for Irish nurses' ability to provide optimum care. It is recognised that impaired communication can adversely affect patients' care outcomes (Jacobs et al, 2006). This paper reports on a qualitative descriptive study exploring nurses' experiences of communicating with patients from diverse cultures and focuses on language barriers and the use of interpreters. It highlights the importance of debate surrounding the challenges in communicating with individuals who do not share the same first language within the Irish healthcare setting.

Background

When providing individualised holistic care, it is incumbent upon nurses to consider the cultural identity and needs of the patients in their care. Indeed, Duffy (2001) and Cortis and Kendrick (2003) highlight that the nurse has an ethical responsibility to provide culturally appropriate nursing care. The establishment of the nurse–patient relationship is dependent on the ability to communicate and share common understanding. McCabe and Timmins (2006) propose that therapeutic communication needs to be focused and purposeful, occurring within a caring environment. According to Newman Giger and Davidhizar (2008):

> 'Communication and culture are closely
> intertwined... culture influences how feelings
> are expressed and what verbal and nonverbal
> expressions are appropriate.'

Language is one of the cornerstones of communication. Indeed, Jacobs et al (2006) and Hearnden (2008) argue that the quality of communication has a direct influence on the calibre of care provided.

When the nurse and patient do not share the same first language, there is an immediately identifiable barrier to communicating with the patient about his or her clinical situation and the treatment/care options and choices available (Briscoe and Lavender, 2009). Seijo et al (1991) acknowledge that patients who do not speak the same first language as their nurse have lower information

Abstract

Ireland has become a multicultural society in just over a decade, with non-Irish nationals comprising 12% of the population. The challenge for nurses working in the Irish healthcare system is to provide culturally appropriate care to this diverse population. This paper reports on a qualitative descriptive study exploring nurses' experiences of communicating with people from diverse cultures, and focuses on language barriers and the use of interpreters. The findings indicate that communicating with people who do not share the same first language is challenging, in particular the participants (nurses) were concerned about their ability to make a comprehensive assessment that ultimately forms the basis for quality care provision. The use of interpreters can inform the assessment process, but there are challenges in accessing and utilising these services. Further continuing education is required to promote culturally appropriate care. There is a need for increased discussion between nurses and interpreters to maximise communication with patients.

Key words: Culture ■ Assessment ■ Nursing ■ Language ■ Interpreters ■ Ireland

recall and a reduced rapport with their nurse. Gerrish et al (2004) and Briscoe and Lavender (2009) concur that poor communication often results in patients' lack of understanding of their health problem(s) and treatment regimes, and this is likely to have a detrimental effect on health outcomes. This is recognised within many health systems and services through the availability of interpretation services that help address communication challenges and language difficulties.

Interpretation of language is critical to the communication process between patient and nurse. According to Høye and Severinsson (2008), communication challenges arising from language differences are diminished by involving professional interpreters. Furthermore, commitment by key stakeholders to ameliorate the communication difficulties is important. For example, in Ireland the introduction of the *National Intercultural Health Strategy 2007–2012*

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demonstrates a commitment to addressing the health needs of a diverse and changing population (HSE, 2008).

In 2009 the Irish Health Service Executive launched the Emergency Multilingual Aid Box (HSE, 2009) to initiate communication between patients and health services. It includes language identification cards and phrase books.

The literature offers various terms to use when discussing interpreters. These range from unofficial, informal and unqualified interpreters (such as family members, friends, hospital staff across all levels) to official, formal, professional interpreters allied with organisations and institutions (Kirkham, 1998; Cioffi, 2003).

The use of formal interpreters is recognised as being a necessity in some circumstances (Hadziabdic et al, 2009). Formal interpreters are expected to be educated regarding medical terminology and to have an understanding of the ethical dimensions and interpersonal dynamics within cultural communication. The use of professional interpreter services is now an accepted practice throughout the health services. These services vary greatly, however, depending on local service provision (Gerrish, 2001; Nailon, 2006).

Complexity surrounding the use of interpreters has been explored within international perspectives, but little has been published within the Irish context. The demographic profile of the patient population in Ireland has changed dramatically over the relatively short period of 10 years and has resulted in the emergence of a much more multicultural society. Within this environment, it was thus considered opportune to investigate nurses' experiences of communicating with people of different cultures.

The study

This research aimed to describe nurses' experiences of language barriers and the use of interpreters within the context of an evolving healthcare environment in Ireland. This research utilised a qualitative descriptive approach towards clarifying knowledge related to nurses' experiences of communicating with people from a different culture.

Setting and sample

Poster advertisements inviting volunteers to partake in the study were distributed to a cohort of 23 students on a post-registration BSc nursing studies programme. The inclusion criterion for the study was that volunteers had to be nurses who had cared for people of a different culture. Seven students volunteered to participate. Participants were nursing in different settings across the health services within the south west region of Ireland and had various lengths of professional experience, ranging from 3 years up to 30 years. Five were general nurses and two were psychiatric nurses. Five participants were female and two were male.

Ethical consideration

Ethical approval was granted by the University of Limerick research ethics committee. Initial contact was made with potential volunteers through the distribution of posters explaining the purpose of the research and inviting possible participants to contact the researchers. It was explained that

the results would be presented in an anonymised form and no identification of people or places would be presented in the report. It was emphasised that participants were free to withdraw from the research at any time.

Written informed consent to participate in the study and for the interview to be recorded was obtained from each participant. Refreshments were made available during the interviews. Potential participants were informed that their decision whether or not to participate did not in any way affect their progression through the programme.

The researchers were not involved in teaching or assessing any modules that potential participants were undertaking at the time of the study. All data were managed in accordance with best practice guidelines according to the Data Protection Agency (2007).

Data collection

Interviews began with an opening question asking participants to describe their experiences of nursing people of a different culture. Follow-up prompts and probes were used within the semi-structured interviews (*Table 1*). This enabled the researchers to address important areas and to follow up on issues that came to light during the interviews (Watson et al, 2008). The interviews were conducted in a neutral venue to maximise anonymity and encourage dialogue.

Data analysis

Analysis is a means of identifying, analysing and describing patterns within data (Braun and Clarke, 2006). All four researchers undertook initial independent thematic analysis. Tapes of the semi-structured interviews were listened to by each researcher and then transcribed verbatim, allowing familiarity with the data.

Following immersion in the data, the researchers met and reached a consensus on themes. De Santis and Ugarriza (2000) suggest that a theme encapsulates and unites the nature of experience into a meaningful whole. Two central issues were identified from the data analysis. It is relevant within the context of providing culturally appropriate care within the republic of Ireland to discuss these issues.

Findings

Limiting conversations (language)

The main focus of this theme is the impact of language

Table 1. Semi structured interview guide
Opening question: Tell me about your experiences of nursing people of a different culture …
Prompts and probes were used to explore the following:
Understanding of the term 'culture'
Experiences of nursing people from a different culture.
Experiences of language barriers
Overcoming barriers
Using interpreters
Challenges

barriers on nursing care and the strategies used by the participants to find a shared meaning of individual patient needs. When the participants and the patients did not share the same first language, the communication processes were often strained and conversations between them were limited.

Not being able to understand patients was considered difficult and impacted on the participants' ability to get a detailed history:

'Can't get a history... [or] get a true picture, it's completely distorted.'

'In the case of assessment and seeing how they [the patient] are improving... I find it a guessing game really.'

Pain assessment and management are by nature complex nursing skills, as each pain experience is subjective and unique. Furthermore, the description of pain is quite dependent on language. Within this study, a language barrier had the effect of limiting conversation between the participant and patient, further compounding challenges inherent in pain management. This was illustrated in the following example:

'A gentleman who was badly beaten and [the nurse would ask] 'no pain'?... but he [the patient] didn't actually understand what we were asking.'

Several participants felt uncomfortable when language barriers interfered with the communication process. One of the participants explained how she felt when she found it difficult to communicate with patients:

'[It's] not a very good feeling... you want to help ...but don't really know where to start.'

In striving to overcome the barriers of language and culture and facilitate patient understanding, the participants described strategies such as breaking down or simplifying the information that they wanted to impart. Participants stated that they:

'Would try and break it down.'

'Wouldn't go into a complicated way of saying something.'

Another participant explained how they often had to be creative and resourceful by using a range of nonverbal expressions to enhance communication. In practice, the participants often used:

'... a mixture of certain words, certain sign language'.

There was increased use of nonverbal communication skills in conjunction with isolated words, such as 'pain' or 'heart', in order to simplify conversation and promote understanding. One participant used the term 'limited conversation' to describe this form of communication.

The challenge of trying to communicate with a patient with a different first language was highlighted. This challenge included not being able to recognise a patient's language, and this adversely impacted on being able to communicate

therapeutically with patients.

'We got interpreters in [the ward] for a gentleman we thought was Russian... After two different interpreters, it turns out the man was from Bosnia.'

The findings illustrate that although language barriers can limit the spontaneity, flow and content of conversations, participants frequently used a variety of personal resources and strategies to improve communication with patients. In turn, these strategies assisted the participants in their attempts to provide individualised care. In some situations, however, the participants' personal strategies were not enough to gather comprehensive information from the patient or to give detailed information to the patient. In these cases language interpretation was required.

Ways of talking (interpreters)

This theme presents findings on participants' experiences of using informal as well as formal interpreters. The participants' awareness of how different ways of talking to patients through different interpreters influences the therapeutic relationship is also presented.

All participants had experience of using informal and formal interpreters. Sometimes, in order to advance the dialogue with the patients, the participants deemed it necessary to communicate with them via family and friends. Within this context, family and friends take on the role of informal interpreter(s). In some situations when information was needed to make an assessment and commence treatment, a family member would be used. The participants did not elaborate on why they chose family and friends to interpret in the first instance. Sometimes, however, participants felt that family members withheld information. As one participant put it:

'In some situations the family member would come in... but sometimes you felt that they were holding back information and they were afraid to say what had happened.'

When family members were not able to translate information, a decision was made to request formal interpreters. This was evident from one of the participant's experience of working in an accident and emergency (A & E) department:

'Predominantly in the A & E department, it would always be through the relative... If they didn't have a relative or if you felt that... you weren't receiving the right information... you'd get an interpreter.'

The value of the interpreter in facilitating nurse–patient communications was evident throughout the interviews. One of the benefits identified by the participants of using an interpreter was the perceived objectivity of interpreters when gaining a true picture of the patient's situation:

'A lot of time they [nurses] wanted interpreters in case there was family bias... you wouldn't be

getting a true picture... We had to get someone
independent.'

The lack of interpreter continuity proved to be an area of
concern for the participants:

'I had a situation lately where I had to organise
an interpreter... I actually had to go through
the agency, which meant I wasn't going to get
continuity. It was probably going to be another
interpreter.'

In order to gather necessary information for ongoing
patient care, maximum use was made of the meeting with/
between the interpreter, participant and patient:

'Eventually we got an interpreter in... and we
asked every question that we possibly could...
we just focused and jumped in with all the
questions.'

It was also highlighted that interpreters may not necessarily
understand medical and nursing terminology commonly used
within healthcare settings:

'There's a lot of jargon in healthcare... that
a person [interpreter] with fluent language
mightn't have.'

Learning how to use an interpreter effectively was
considered a necessary skill for the participants.

'We probably need to learn how to utilise an
interpreter as well.'

The participants suggested that learning how to effectively
use an interpreter would also make them more mindful
of their own verbal responses to a patient with a different
first language.

'Our natural instinct is ... we raise our voice or
we speak slower ....We ourselves have to get over
that before we can utilise an interpreter properly.'

The participants were aware of the challenges of using
informal and formal interpreters. Interpreters were used
in an endeavour to provide optimal care for patients.
The participants identified a need to learn how to utilise
interpreter services more effectively, as they believed this to
be a necessary skill.

Discussion
The findings from the data analysis indicate that there are
challenges in communicating with patients who do not
share the same first language. Participants in this study raised
concerns about the ability to undertake the comprehensive
assessment that forms the basis for the provision of quality
care. The use of interpreters can inform the assessment
process and care provided, however there are challenges in
accessing and utilizing interpreter services.

Participants in this study highlighted the significance
of language as a barrier to the ability to provide quality
nursing care. This finding is supported by the earlier work
by Donnelly (2000), who highlighted that language is

inextricably linked to communication. Leininger and
McFarland (2002) argued that understanding of patients'
verbal and nonverbal communication is imperative in
today's multicultural society. Ineffective communication
presents a potential threat within the formation of the
nurse–patient relationship. Research by Nailon (2006)
confirmed that accurate communication is of crucial
importance in documentation within the A & E setting.
During the research project, participants typically made
reference to the potential distortion of information that led
to an element of guesswork within the assessment process.
Similarly, Bernard et al (2006) found that incomplete
assessment was hazardous and can negatively influence
the quality of care. In addition, Meddings and Haith-
Cooper (2008) pointed out that there is a possibility that
practitioners could focus on the physical aspects of caring
at the expense of providing psychological support.

Some participants described the utilisation of creative
strategies to enhance communication. The term 'limited
conversation' eloquently described the use of simple words
and sign language to address the lack of shared language.
Internationally, nurses have employed various strategies
to overcome language barriers when attempting to
communicate with patients who are not fluent in English
(Cioffi, 2003).

Participants described using both informal and formal
interpreters in assisting with communication. Relatives were
frequently mentioned in the data as a first contact in trying
to elicit patient information. Our findings demonstrate
that participants were concerned about the accuracy of
information, leading to possible confusion within the informal
interpretation process.

Possible tension
The findings also illustrated an awareness of the possible
tension within family dynamics and acknowledged the
importance of accessing independent interpreters. Leininger
and McFarland (2002) advised caution when using a relative
to translate and raise the ethical question of power relations
and burdening family members. Despite this awareness,
however, it was customary for participants to use family as
informal interpreters.

Typically, a request for a formal interpreter was made
when there was lack of clarity related to communication.
This finding may have significance and application within an
Irish context, given that Flores (2005) found that untrained
interpreters misinterpret 50% of questions addressed to
patients within the American setting.

Access and utilisation of formal interpreter services is far
from simple. The organisation of interpreters was managed
through an agency on a sessional basis.The lack of continuity
of interpreters proved to be an area of concern for the
participants. Interestingly, Maltby (1998) cautioned that the
use of a formal interpreter does not solve all communication
difficulties in the healthcare setting. The ability to converse
across cultures involves more than simply transferring a
word from one language to another, and as Leininger and
McFarland (2002) advised there are cultural and contextual
meanings within language translation.

An interesting finding emerged from the data relating to the nurse's ability to utilise the interpreter. Gerrish et al (2004) argued that both the nurse and interpreter influence the quality of care given. Primary care nurses in Gerrish et al's study lacked the skills required to access interpreter services accurately and appropriately. Nailon (2006) concurs that nurses' inability to use interpreters correctly may negatively influence patient care and that continuing education is required to prevent this occurring. Participants in our study questioned their ability to fully utilise the interpreter and reported the need for education on how best to maximise the benefit of having an interpreter within the nurse–patient relationship.

Limitations

The research sought to describe participants' experiences of language barriers and use of interpreters from one region in Ireland. It was not intended to generalise to the wider population. The findings, however, can contribute to ongoing discussion related to the initiation and maintenance of therapeutic nursing relationships with people of a different culture.

Conclusion

The Health Service Executive's (HSE, 2008) national intercultural strategy demonstrates a commitment to addressing the health needs of a diverse and changing population. This commitment includes specific planning for communication and language diversity (HSE, 2008). Work has begun on implementing structures and processes in the provision of a quality interpreter service within Ireland (HSE, 2008).

Participants in our study were exposed to information related to culture, nevertheless they described difficulties in communicating and interpreting language. This challenge highlights the need for further education when caring for people from a different culture. It is acknowledged that more recently the availability of resources, such as the Emergency Multilingual Aid Box, may help nurse–patient communication. However it is important to appreciate that developing a therapeutic relationship with people of a different culture extends beyond mere translation.

Nurses can learn from the experiences of their overseas colleagues and maximise opportunities. for international collaboration in the design and delivery of educational programmes. Healthcare staff may benefit from opportunities to converse with interpreter services to enhance the communication and provision of culturally appropriate care with people who do not share the same first language. Given the impact of interpreter services on patient wellbeing and nursing care delivery, future research could focus on both interpreters and patients' experiences of the services. **BJN**

Conflict of interest: none

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KEY POINTS

- Interpretation is more than the translation of language.

- There are challenges in providing individual and comprehensive assessment when language barriers exist.

- Quality care requires an understanding of culture.

- Education is needed to promote cultural understanding.

- Discussions need to take place with healthcare teams and interpreters to maximise communication with patients.

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