The effect of nurse-patient language barrier on patients' satisfaction

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ABSTRACT

الأهداف: دراسة مدى فهم المرضى السعوديين للممرضات الغير ناطقات باللغة العربية، وتقييم رضاهم عن الخدمة الطبية التي تقدمنها.

الطريقة: أُجريت هذه الدراسة المقطعية على شريحة تم اختيارها عشوائياً من المرضى الذين دخلوا إلى مدينة الملك عبدالعزيز الطبية، الرياض، المملكة العربية السعودية وذلك خلال صيف عام 2009م. لقد قمنا بإجراء المقابلات الشخصية مع المرضى علماً أن الدراسة قد تم اعتمادها من قبل لجنة الأخلاقيات الطبية والأبحاث.

النتائج: لقد تم اختيار 116 مريضاً عشوائياً وكان معدل الاستجابة 100%، وقد بلغ متوسط أعمارهم 48 عاماً من بينهم 47% ذكور والباقي إناث. أشارت النتائج إلى أن نصف المرضى كانوا أميين أو ذوا مستوى تعليمي منخفض. وكان 80% من هؤلاء المرضى تُقدم لهم الخدمة من قبل ممرضات غير ناطقات باللغة العربية، واعتقد معظمهم أن اللغة العربية مهمة لتقديم خدمة عالية الجودة. لقد عان ثلثي هؤلاء المرضى من صعوبات في فهم تعليمات الممرضة، وأشاروا إلى عدم قدرة الممرضات على فهم شكاويهم في كثير من الحالات، بينما اعتقد نصف المرضى أن هؤلاء الممرضات أكثر عرضة للخطأ. وشعر 70% منهم بعدم الراحة أثناء التعامل مع الممرضات اللاتي لا يستطعن التواصل معهن بنفس اللغة. علاوةً على ذلك فقد شكك 30% من المرضى في مصداقية المعلومات المقدمة لهم من قبل هؤلاء الممرضات. ولاحظ 50% من المرضى أن الممرضات الغير ناطقات باللغة العربية يحاولن تجنب الحديث مع المرضى، بينما لا حظ 70% منهم أن هؤلاء الممرضات ينهين الحديث معهم لوجود عائق اللغة بين الطرفين. وذكر 61% من المرضى أن هؤلاء الممرضات نادراً ما يطلبن وجود المترجم أو لا يطلبنه على الإطلاق. وقد أشارت الدراسة عموماً إلى رضا المرضى عن الخدمة الطبية التي تقدمها الممرضات والذي كان بنسبة تصل إلى 90%، ولم يكن هناك فروقاً كبيرة بين الخدمة التي تقدمها الممرضات الناطقات بغير العربية والخدمة التي تقدمها الممرضات الناطقات باللغة العربية.

خاتمة: أظهرت الدراسة أن عائق اللغة كان مهماً بالنسبة للمرضى فيما يخص الرعاية الطبية التي تقدمها الممرضات الغير ناطقات بالعربية، حيث أن ذلك قد يؤدي إلى سوء الفهم بين المريض والممرضة ، وعليه يُنصح بالمزيد من الدراسات والقرارات لحل هذه المشكلة.

Objectives: To study Saudi patients' perception of nursing care delivered by non-Arabic speaking nurses (NASNs).

Methods: A cross-sectional survey of randomly selected patients admitted to King Abdul-Aziz Medical City, Riyadh, Saudi Arabia during the summer of 2009. We conducted structured face-to-face interviews, and the Institutional Review Board approved the study.

Results: We interviewed 116 patients with a 100% response rate. The mean age was 48 years and 47% were men. Half was illiterate or had a low level of education. Eighty percent was served by NASNs. Most believed that the Arabic language is important to provide high quality of care. Two thirds reported difficulties in understanding nursing instructions, and felt that NASNs could not understand their concerns on many occasions. Half believed that NASNs are more susceptible to error. Seventy percent felt uncomfortable dealing with a nurse who cannot communicate in the same language, and 30% question the reliability of information delivered by NASNs. Patients noticed that NASN avoid (50%) or end conversation (70%) due to language barriers. Sixty-one percent reported that NASNs never or rarely called the interpreter. Overall satisfaction of nursing care was high (90%), with no significant difference between patients who were served by Arabic versus NASNs.

Conclusion: Our patients were concerned about the language barrier during nursing care delivery. It may lead to miscommunication and compromise the patient-nurse relationship. Further exploration of this issue is recommended.

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Health care provided to the citizens of Saudi Arabia (particularly nursing care) is largely delivered by a foreign labor force, and the vast majority is non-Arabic speaking, coming from different cultural backgrounds. The 2006 Ministry of Health Annual Report[1] showed that Saudi Nurses constitute 27% of the nursing manpower across the country. This situation has led to linguistic diversity and a huge language barrier between Arabic speaking patients and foreign nurses. It is important for nurses to understand the doubts, fears, and anxieties of patients during nursing care delivery. This empathy is possible only if there is proper form of communication, for which language is an essential part. Recently, the issue of a language barrier in health care settings has received significant attention in many countries.[2] A language barrier may have serious side effects and compromise the quality of patient care.[3-5] Overall, evidence indicates that language barriers are associated with a lack of awareness of health care benefits, less insured status, longer visit times per clinic visit, less frequent clinic visits, less understanding of the physician's explanations, more laboratory tests, more emergency room visits, less follow up, and less satisfaction with health services.[6-12] Patient satisfaction is an important health indicator of quality of care. However, data from Saudi Arabia on the effect of patient-nurse language dis-concordance on patients' satisfaction is lacking. Nevertheless, it has been shown that a language barrier between patients and nurses processing the discharge orders in the emergency room was associated with less likelihood that a patient is given a follow-up appointment after an emergency department visit.[13] Further, errors occur frequently in interpretations provided by untrained nurse-interpreters during cross-language encounters.[14] Our study sought to assess the Saudi patients' satisfaction with nursing care at our institution, and how language barriers may affect patients' views, beliefs, and attitude toward non-Arabic speaking nurses (NASNs).

Methods. Our study is a cross-sectional survey of randomly selected patients admitted to King Abdul-Aziz Medical City, Riyadh, Saudi Arabia during the summer of 2009. The patients' medical records numbers were sorted out in each floor in ascending fashion. Subsequently, every third patient in the list was screened according to inclusion and exclusion criteria. A patient was enrolled if ≥18 years, medically stable, native Arabic speaker, and agreeable to participation. We excluded patients who were English fluent, demented, confused, deaf, or aphasic. Data were collected via a locally predesigned Arabic questionnaire completed by 3 investigators during face-to-face interviews with patients from different medical and surgical floors. The questionnaire included several items including patient demographics, type of nurses (Arabic versus non-Arabic speakers) and questions to assess the importance of language barrier during nursing care, difficulty in communication, the relationship between language barrier, and patient-nurse relationship and trust, use of interpreter, and patient preference of nursing care provider. Also, a single question was used to assess the patient's overall satisfaction with the nursing care presented as a scale (very satisfied, somewhat satisfied, neither satisfied nor dissatisfied, somewhat dissatisfied and very dissatisfied). The questionnaire was not validated prior to use. The local Institutional Review Board approved the study. We obtain patient informed consent verbally.

Results. We interviewed 116 patients with a 100% response rate. The mean age was 48 (±20 SD) and 47% were men. Eighteen percent of patients were illiterate, 23% had elementary, 10% intermediate, 17% high, and 17% university schooling. Seventy percent was married, while the rest was either single (17%), widowed (12.4%) or divorced (2%). Nearly 80% of these patients were served by NASNs. Most of our patients noted that speaking in Arabic language is a very important (62%) or important (25%) to the provision of high quality nursing care in Saudi Arabia. However, speaking the Arabic language alone is not sufficient, as 88% of patients also had some difficulties in communication with the Arabic speaking nurses (ASN) (always 27%, often 17.4%, and sometimes 34%). Also, two thirds reported difficulties in understanding nursing instructions due to the language barrier, and felt that NASNs could not understand their concerns on many occasions (always 12.2%, often 18.2%, and sometimes 37.2%). When the patients were asked whether they trust the information given by the NASN, 35% would question the reliability of such information due to the language barrier. Further, half of our patients believe that NASNs might be more susceptible to making errors during care, and almost 70% felt uncomfortable dealing with a nurse who cannot communicate in the same language. Also, patients noticed that NASNs would try to avoid (50%) or end conversation (70%) with them due to the language barrier. Seventy-five percent of patients felt the Arabic speaking nurse was more capable of showing empathy. Twenty-eight percent of patients thought that the interpreter could not overcome these language barriers, while another 26% thought that he might do so partially. Nevertheless, the interpreter is under-utilized as 61% of patients reported that the NASNs never or rarely called the interpreter despite the presence of a language barrier. Although 90% of patients felt that speaking the Arabic language should be mandated for all nurses, and 80% preferred to be taken care of by Arabic

speaking nurses, the overall satisfaction with nursing care generally was high (90%), with no statistically significant difference between patients who were served by Arabic versus non-Arabic speaking nurses.

Discussion. The patient-nurse language barrier is prevalent in our study as most of our patients were served by NASNs. Further, half of our clients were either illiterate or had a low level of education. These bilateral limitations widen the gap in communication between these 2 parties, and may have a deleterious effect on care delivery. Our patients raised several concerns with the nursing care delivered by NASNs due to the language barrier. Information transmission from (and to) patients is largely impaired due to language disparity. Further, our patients showed less trust, less comfort, and some doubts towards nursing care delivered in the presence of a language barrier. Also, the quality and duration of nurse-patient interactions are compromised due to this issue. Use of interpreters is one of the proposed solutions to bridge the gap in communication between health care providers and patients.[15] However, this service is underutilized and may not be optimal from the patients' view. Despite patients' realization of the importance of communication and the concerns raised with nursing care in the presence of a language barrier, the overall satisfaction was more than 90% with no difference detected between those who were served by Arabic and non-Arabic nurses. This discrepancy might be due to many reasons. We used a single direct question to rate the over all patient's satisfaction with nursing care. This method may not be reliable enough to detect the true satisfaction level. Also, many patients reported some difficulty in communication even with Arabic speaking nurses, thereby poor Arabic nurses' communication skills could have confounded the result and masked the differences between the 2 groups. Further, the study was not powered enough to detect a significant difference. On the other hand, it is possible that our patients have different expectations from nurses. Many patients may think that medical care is a doctor dependent service and may not appreciate the crucial rule of nurses. Also, it is possible that the interviewer has introduced a bias toward higher satisfaction rate. Data on patients' perspectives of nursing care in the presence of a LB are lacking. Nevertheless, several studies looked at the Saudi patients' satisfaction, concerns, and views on health care in general. Most of these reports came from the primary care setting; some of which identified the language barrier as an obstacle in care delivery.[16]

Our study has several limitations. First, our questionnaire was not validated prior to use. Second, we used a single question to rate the global patients' satisfaction with nursing care. This approach may not be sensitive enough to reflect the true level of satisfaction and does not catch the different aspects of nursing care that may alter the level of satisfaction other than the LB. Third, although using patients' satisfaction as an outcome is an important measure, its interpretation might be difficult since sources of individuals' satisfactions are different. Fourth, sample size precluded further subgroup analysis, which may identify a group of patients with certain characteristics or disease in which the LB may adversely affect satisfaction. Also, bias toward a high level of satisfaction could have been introduced by the interviewers. However, this study raised some concerns that need to be further understood in order for us to meet our patients' expectation.

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