

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

To the Editor

I have 5 comments on the recently published study by Al-Khathami et al¹ on the effect of nurse-patient language barrier on patients' satisfaction.

First, communication is a fundamental component of the nurse-patient interaction. Good communication is essential to meet the clinical, psychological, and social needs of the patient in order to optimize treatment. Good communication could successfully yield positive results only if it is set in a simple and understandable way, particularly within the same language context of the patient. Failure to do so might result in unfavorable outcomes, particularly in terms of patients' dissatisfaction. Apart from the well-known effect of discordant nurse-patient culture, language, and environment context on patients' communication and satisfaction, concordant context could have a similar effect if they are not utilized in the proper way and, therefore, it could be considered as another form of the nurse-patient language barrier. I presume that that form of language barrier is prevalent in Saudi Arabia as 88% of patients in Al-Khathami et al's¹ study had some difficulties in communication with the Arabic speaking nurses (ASN), which is interestingly quite a high percentage. Efforts, therefore, must not be only focused on making non-ASN better cope with their new culture and language environment, but also on enhancing the skills of ASN to better communicate with patients.

Second, I totally agree with Al-Khathami et al¹ that the nurse-patient language barrier has a great impact on patients' satisfaction and ultimately, the degree of health care quality administered to patients. Also, it has a significant burden on the successful coping of nurses in their new health care atmospheres. Actually, this problem is not unique to Saudi Arabia and other Arabian Gulf countries where a significant proportion of nurses working there do not speak Arabic. The United States of America and many European countries do face the same problem of language barrier as international nurses (INs) who sought to work there hardly try to adjust to the foreign health care environments. A great deal of research has been conducted on that issue. Findings have indicated that language and communication difficulties, differences in culture-based life ways, lack of support, inadequate orientation, differences in nursing practice, and inequality were the main barriers encountered by INs. In contrast, positive work ethic, persistence, psychosocial and logistical

support, learning to be assertive and continuous learning facilitated the adjustment of INs to their new workplace environments.²

Third, professional interpretation has been widely accepted as it is associated with improvements in patient satisfaction, communication, and health care access. However, reliance on untrained ad hoc interpreters, perceived time and labor associated with obtaining and working with an interpreter, and costs of implementing professional interpreter services serve as significant barriers to the implementation and utilization of that professional interpretation.³

Fourth, solutions involving interpreters who have to be booked in advance, or using unqualified friends or family members to translate medical instructions to the patients is generally unsatisfactory. A computer-based communication aid has been recently developed and tested. The communication aid is designed to permit an English-speaking health care practitioner to select a series of questions, which are then presented along with a range of possible answers for the patient to choose from. The questions and answers are presented in the patient's own language in both text and digitized speech accompanied by symbols as well as English text. This proposed system is a practical way of addressing the problem of communication with patients with the limited English language in the context of clinician-led question-answer dialogues.⁴ Programming that system in an Arabic language might substantially overcome the obstacle of language barrier between patients and non-Arabic speaking medical staff, particularly nurses. However, the cost and compliance with that system might preclude its wide spread application in the hospitals.

Fifth, health care in Saudi Arabia is developing fast with multiple governmental and independent service providers. Economic growth has impacted upon health needs through population and health behavior change. The development of the indigenous nursing workforce has been slow resulting in much nursing care being delivered by migrant nurses. There is, therefore, a need to increase the proportion of indigenous nurses so that culturally appropriate holistic care could be delivered. Without shared culture and language, it would be difficult to deliver effective health education within the nursing care to Saudis.⁵ On the other hand, nursing colleges, institutes, and schools could play a pivotal role in limiting the problem of the nurse-patient language barrier by including in their teaching curricula topics of trans-cultural nursing, cultural diversity, and culturally competent nursing care. Also, enrollment of working nurses in the continuing medical education programs

to promote their knowledge and skills on these topics is of utmost importance.

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Reply from the Author

With great interest, I read Prof. Mahmood Al-Mendalawi correspondence. I agree totally with him, and have no further comments.

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