NURSING WITHOUT BORDERS

Cross-linguistic Nursing

Authors Pontus Dymén, Pamela Larsson

Preface

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Handledare:	Annica Lagström
Examinator:	Ann-Sofie Magnusson

Abstract:

Background: With the present rate of immigration, increasing healthcare visits from people speaking another language are inevitable. These encounters affect both nurse and patient, therefore communication is essential for the establishment of a nurse-patient relationship. There is a great deal of existing research in trans-cultural nursing, but few studies focus on how the lack of verbal communication affected the nurse-patient relationship.

Aim: This bachelor thesis aims to explore the experiences of nurses and patients in regards to how the nurse-patient relationship is affected when there is no shared language between them and what strategies nurses use to overcome the language discordance.

Design: Systematic Literature Review

Data sources: CINAHL, PubMed

Results: The themes that emerged from nurses' experiences were *how the nurse is affected*, *information transfer* and *strategies used*. From patients' experiences the emerging themes were *feelings of helplessness*, *failure to recognize patient needs* and *staff attitudes*. The use of an interpreter was the most commonly described strategy to connect with patients.

Conclusion: Nurses viewed the use of an accredited interpreter as the best of available options to overcome the language barrier, but they also experienced several problems with using an interpreter to communicate with patients.

Implications for practice: The extra time required when caring for foreign speaking patients' needs to be considered by healthcare executives when making duty roasters. There is a need for simple and quick routines for how and under which conditions nurses should order interpreters.

Key words: Nurse-patient relationship, Language barrier, Communication, Interpreter

Contents

Introduction

This bachelor thesis explores the impact of language on a therapeutic relationship through examining available literature. This is an important subject as there is an increased globalization and immigration in the world today, situations in opposite parts of the world affects all members of the earth. The prospect of a better life has influenced the desire for people to move to different countries, whether it is because of restlessness in the world (due to wars, famine or natural disasters) or simply job/study opportunities.

Sweden is no stranger to foreigners or immigrants because of its good and favorable policies in healthcare, high standard of living and security. Out of approximately 9,7 million people living in Sweden, the number of persons born abroad was just over 1,6 million as of 2014 (1) corresponding to approximately 16.5 percent of the total population. This results in the Swedish population experiencing increased diversity in both language and culture. In the last years Sweden has received an increased influx of asylum seekers. During the first ten months of 2015 there were 112264 people who applied for asylum in Sweden, of which 39181 applied during October (2).

Unfortunately the majority of these people do not speak Swedish nor do they have any proficiency in English. Despite the journeys these immigrants make for a better and safer future they face challenges and barriers which put a strain to their wellbeing. One of these challenges is the language barrier. This language barrier does not only affect the immigrant patient who visit healthcare centres but it affects healthcare providers as well. According to Swedish law patients has the right to an interpreter if they do not speak the same language as the care provider (3, 4) and the county council is responsible for the healthcare of refugees (5). Even so, an interpreter is not always present during all healthcare visits. This is especially true for hospital stays of longer duration. Whether this is because of a shortage of registered interpreters, emergency situations or other factors, the result is that healthcare personnel are often faced with the problem of communicating with patients with no knowledge in Swedish. The current influx of refugees increases the need for interpreters, thus decreasing the availability of professional interpreters in healthcare situations.

In the International Council of Nurses (ICN) code of ethics for nurses (6) one of the elements states that:

> The nurse ensures that the individual receives accurate, sufficient and timely information in a culturally appropriate manner on which to base consent for care and related treatment.

The ICN code of ethics is also used by the Swedish society of nursing (7). When there is a language barrier between nurse and patient, the ability to ensure that the patient receives appropriate information is limited.

1. Background

This section of the thesis describes the key concepts we identified as relevant to the problem area. Initially *Nursing* will be defined in accordance with the authors' interpretation of Virginia Hendersons theory. Thereafter the concepts of *Communication*, *Nurse-Patient relationship* and *Ethics* will be discussed. Finally the problem area will be presented.

1.1 Nursing

Nursing as a word is derived from "nurse", which is defined as "a process of nourishing, of promoting the development or progress of something (8). In accordance with this Reed (8) proposes a substantive definition of nursing, in which nursing is viewed as an inherent human process of well-being. The term can be used to describe an ability, a need, a professional competence or an area of research (9).

In 1960 Virginia Henderson (10) was asked to define Nursing for the International Council of Nurses. Her definition can be summarized to a few key principles; person-centred care, a holistic view of health and striving for patient independence.

> The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge. And to do this in such a way as to help him gain independence as rapidly as possible. (10, p.15)

In *The Nature of Nursing,* Henderson (10) stresses the importance of the nurse's ability to *listen, inform, teach, comfort* and *empowering the patient to express his/her needs,* in other words the nurse's ability to *communicate.* Her theory also emphasizes the importance of creating a *nurse-patient relationship* with the patient. The key concepts of this thesis are hence identified as *communication and nurse-patient relationship*. Berman and Snyder (11) described nursing as caring, an art, science, client centred, holistic, adaptive and a concern with health promotion, maintenance and restoration. Chitty (12) described holistic nursing care as nourishing the person as a whole, body as well as mind and spirit. One part of holistic nursing care is the provision of healthcare services that focuses on assisting people in maintaining health, avoiding or minimizing disease, restoring wellness or achieving a peaceful death (12).

The definition of nursing varies depending on perspective and scientific paradigm in different countries but is joined together in a mutual focus on the human being and her/his situation, health and wellness, practical aspects of nursing and the caring relationships developed between nurse and patient (13).

1.2 Communication

The word "communicate" is derived from the Latin word *communicare* meaning to share (14).The term communication is used in many contexts, for example in public transport, telecommunications, media, and other relationships between people.

Communication in healthcare is defined as information transfer (15). This means that all behavior when more than one individual is present should count as communication (16). It is a process where written/oral/body language, gestures, facial expressions, space or other symbols are used to affect another person (16). Communication is created by people, it creates connection between people and it is something that is learned (15).

Communication is essential in order to deliver effective, secure and equal healthcare. Healthcare personnel try to determine the patient's own perception regarding why a symptom occurred or how it might be prevented. This is important both for compliance to treatment and patient satisfaction (15) and is why communication is a significant health and wellness concept.

Four important aims of communication between a healthcare giver and the individual is described by Ashworth (referred in reference 18, Carlsson & Björk Brämberg, 2014, p.448):

- To establish and build a relationship where the patient senses that the nurse is competent and reliable and sees the patient as a whole.
- To clarify (analyze and interpret) the patient's needs as he/she experiences them.
- To give the patient appropriate information for them to have an assumption of what will happen.
- To encourage the patient to use their own resources, as well as the resources provided by the healthcare, in order to meet the needs experienced by the patient.

Our language gives us the ability to express feelings and experiences by the use of words. The same word can have different meanings for people depending on context, culture, profession and social grouping (17).

Communication between people can be affected negatively in various ways. In the healthcare setting Carlsson and Björk Brämberg (18) distinguishes communication barriers into communication disorder, communication disability, language barriers (including disorders and language differences), speech disorders and articulation disorders. During a meeting with medical staff, the effects of difficulty with speaking and understanding the Swedish language are similar to the patient not being able to speak at all. The communication barrier, created when a nurse and a patient share no language, can cause several problems for the patients. The patients might be excluded from participating in the decision making of their healthcare, feel insecure, be unable to share their personal history and feel misunderstood (18). The nurse is affected as well and might experience feelings of anger or helplessness if they cannot understand the patient or if they themselves are misunderstood (16).

1.3 Nurse-Patient Relationship

The general public's image of the nurse has changed over the last decades. Being a nurse has historically been viewed as a calling, the nurse a woman administering tender care to sick people. The view of today is that the nurse is a stressed individual, rushing between too many patients and spending too much time with administrative tasks. The changed view reflects upon both the development in nursing practice and general healthcare (19).

This changed view warrants a different understanding of modern nursing relationships, which includes therapeutic and ethical relationships. Nursing relationships have typically been understood with focus on the relationship between two individuals (nurse and patient). The nurse is assumed responsible for positive health outcomes through establishing therapeutic relationships. Concepts such as respect, trust, mutuality, presence are well described in nursing literature (19). Other factors determining the nurse-patient relationship such as workload, staffing ratio, collegial relationships, linguistic compatibility and so forth are not so commonly discussed. These contextual and personal factors also affect the possibility of developing a trusting and respectful relationship (19).

Interpersonal skills are very important to professional nurses according to Chitty (12), who further describes how the nursing process can begin after the therapeutic nurse-patient relationship has been established. A part of establishing trust and developing this relationship is acquiring an understanding of the patients' needs. Chitty (12) further describes how this demands well developed communication skills on the part of nurses since patients' might not understand their needs themselves or be reluctant to share them.

Verbal and non-verbal communication exists side by side at the same time. While non-verbal communication might be more reliable to communicate emotions (12), much is lost without the verbal dimension. During a first encounter between a nurse and a patient the use of verbal communication is essential. Language serves as a mediator for interpersonal and cross cultural therapeutic relationship and lack of language can be adverse and detrimental to both the patient and the nurse, as found in a survey by Bernard, Whitaker (20). In the study, 95 percent of nurses reported that they perceived language barrier as an impediment to delivering quality of care. The nurses also reported stress because of the inability to communicate with the patients and their families due to the language barrier. The study also reports that besides these types of stressors, nurses experienced stress more frequently in comforting, pain assessing, conveying information and assuring accurate nursing assessment (20).

In a study by Hamilton and Essat (21) one focus group participant lamented that "because of limited language ability she could not tell or express her needs to the nurse." Another participant's basic problem was the language problem. In the survey the participants voiced the perceptions they have of nurses due to language barriers. The survey echoes that some patients perceived that the nurses generally made stereotypical assumptions of the patients' needs, nurses had a negative attitude towards the patients and that the nurses lacked understanding which was evident due to the nonverbal cues they displayed.

This shows that both the nurses and the patients perceive the language barrier as an impediment to quality care and thereby affecting the nurse-patient relationship, although in different manners.

1.4 Ethics

The factors mentioned above affect all nursing situations since competing values and demands decide how certain actions are prioritized of the nurse. Determining what "ethical", "safe" and "health promoting" practice means in different situations provides a challenge since the behaviour of the nurse is related to a specific patient in a particular situation (6, 19).

Obligations-based ethics is commonly used for nursing (19) and the ICN Code of Ethics (6) is expected to help nurses with ethical issues by outlining the standards of ethical conduct. A conceptualization of obligation-based ethics in this manner can however be criticized for presenting a simplistic understanding of ethical practice since it theoretically assume that there is a definite right and wrong response to every situation (19).

The nurse-patient relationship is most often viewed in terms of human interaction and collaboration. From an ethical perspective the relationship can be viewed as where moral and professional obligations are developed from, since there is an interconnection between people regarding all aspects of life (19). The significance of sensitivity to the patients' needs in nursing practice is agreed upon in both ethical and relational literature (19). Ethics, relationships and communication are connected with each other; good communication requires ethical reflection, good communication promotes solution to ethical problems and relationships depends on communication and determines ethical behavior (14).

1.5 Problem Area

In conclusion nursing a patient with whom the nurse does not share a language make an already demanding task even more challenging. The concepts of *Nursing, Communication, Nurse-patient relationship* and *Ethics* are intertwined, each one affecting the other. Effective, high quality and ethical nursing requires an establishment of a nurse-patient relationship. A nurse-patient relationship depends on meaningful communication between nurse and patient. Normally this is made possible by using a combination of verbal and non-verbal communication. In the absence of a common language a substantial communication dimension disappears.

Existing research in the area is often focused on cultural differences between nurse and patient (21-26). No research was found with focus on how the absence of a mutual language affects the nurse-patient relationship.

Therefore this bachelor thesis aims to explore the experiences of nurses and patients in regards to how the nurse-patient relationship is affected when there is no shared language between them and what strategies nurses use to overcome the language discordance.

3. Method

The design for this thesis was based on a design proposed by Friberg (27) when conducting a literature review. Initially the problem area was identified and limited and thereafter a literature search was performed followed by a quality assessment of included research articles. Finally an analysis was performed and a synthesised result presented along with implications for practice. The work process is illustrated by a flow chart in Appendix 1.

3.1 Literature Search

The search was conducted in accordance to the design for literature search described by Willman, Stoltz (28). Initially available resources were identified as; research articles available in full text through the Gothenburg University Library and performing the search under guidance of a librarian from the Gothenburg University Library. Articles found through search in PubMed and CINAHL database were deemed as relevant sources of information after quality review by the authors (28).Thereafter the focus area was narrowed in order to determine key words/concepts for the search, as described below under search strategy (28). Lastly search strings were developed for each concept by using MeSH terms in PubMed and CINAHL Headings in CINAHL.

3.1.1 Search strategy

Based on the purpose of this paper, two key concepts were identified: Nursing Care and Language Barriers. These concepts were translated into MeSH terms and CINAHL Headings before the search.

Concept 1: Nursing Care exists as both a MeSH term and a CINAHL Heading and was used in the search of each database. Because of different thesauruses in PubMed and CINAHL, the MeSH term "Nursing" was added in the PubMed search.

Concept 2: Language Barriers does not exist as either MeSH term or CINAHL Heading, instead the broader concept "Communication Barriers" was used in both databases.

The search result is shown in Appendix 2 & 3 and the inclusion criteria were:

- Peer reviewed Research article
- Written in English
- Ethical approval
- Addresses the language barrier from the perspective of nurse or patient
- Published in the last ten years
- Available free of charge through the University Library

The abstracts of all relevant titles were read independently and all articles considered relevant were read in full text. Each article was subsequently discussed in relation to the inclusion criteria until agreement between the authors were reached regarding the articles relevance.

A manual search was performed by back chaining through relevant articles references and by searching articles related to the included studies in Scopus database (28). The decision to use Scopus in the manual search was taken after advice from librarians at Gothenburg University Library. This generated an additional two articles that met the inclusion criteria (29, 30).

3.1.2 Quality Assessment

The reviewed articles were assessed for quality (see Appendix 4) with the CASP Checklist (31) corresponding to the design of each study as recommended by Willman, Stoltz (28). The articles were rated as *poor, average* or *high* quality. The assessments were performed independently by the authors and any discrepancies in rating were solved through discussion.

One of the studies (32) was assessed as being of poor quality. It contained a small and homogenous study population, no interview questions were presented and there was no detailed description of the analysis. The decision was made to include the study anyway because of the lack of studies focusing on the patient perspective in the search result.

3.2 Data Analysis

The analytic plan for this thesis was based on how studies in a literature review should be analyzed according to Friberg (27). It comprises of three steps; Understanding content and context, finding similarities and differences and creating a general synthesis.

During the first step, the studies were read repeatedly and summarized in order to comprehend the overall picture (see appendix 4). In this step all opinions connected to nurse or patient experience of the nurse-patient relationship were also marked with highlighter pen, with notes written in the margin.

Thereafter similarities and differences in theoretical framework, method, data analysis and purpose were identified. In this step the articles were organized in two categories *nurse-* or *patient-perspective*, with subgroups according to general design of the study (qualitative or quantitative). Then the results of the different studies were compared.

In the third step the studies were reorganized according to similarities and differences in the results. The data was synthesized and six main themes emerged from the analysis. Since the thesis contains of both qualitative and quantitative articles, a linear comparison was impossible. Because of this the analysis was based on qualitative data, as it is more in line with the aim of this thesis, while quantitative data was used to underpin the qualitative results.

4. Result

The experiences of nurses and patients are presented separately, answering the first part of the bachelor thesis aim. The second part of the aim is presented under Nurses' experiences in the theme *Strategies used.* The other major themes that emerged from nurses experiences regarding effects of language on nurse-patient relationship were: *How the nurse is affected* and *Information transfer.* The major themes emerging from data of patient experiences were: *Feelings of helplessness, Nurses failing to recognize patient needs* and *Encountering negative attitudes.* These themes and their respective subthemes are presented below (an overview containing number of statements in each theme is presented in appendix 5).
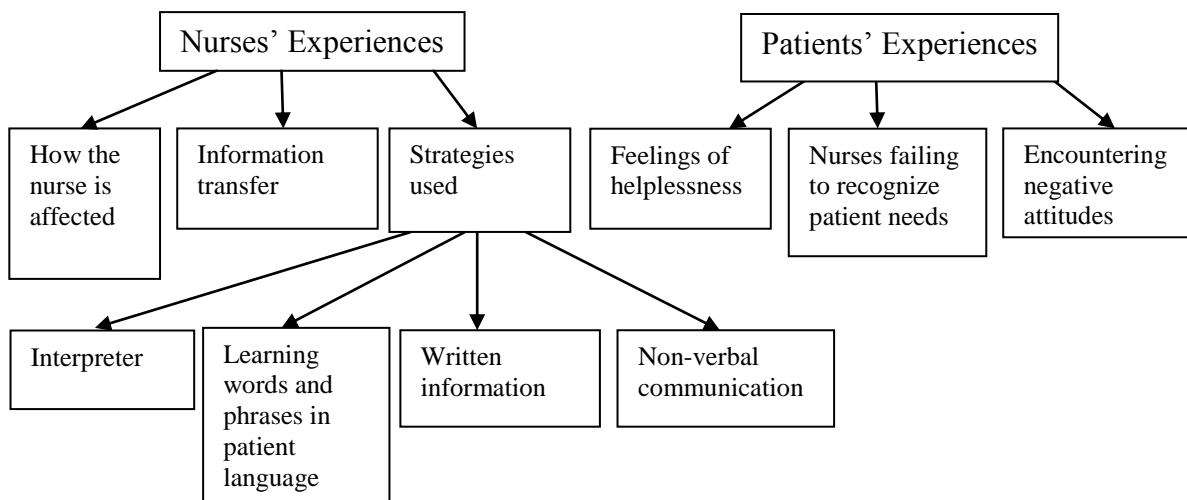
Figure 1. Themes and sub-themes

4.1 Nurses' experiences regarding effects of language on nurse-patient relationship

4.1.1 How the nurse is affected

The nurses experienced their workload increased when caring for people they did not share a language with (33, 34). However this was perceived in different ways by the nurses. Some expressed strong negative feelings towards patients since they had to spend a great deal of time on overcoming the language barrier, while others emphasised that if you give enough time you will be able to see the whole picture and communicate better with the patient. This can be illustrated by these statements:

> I treat them with the same respect as all other patients, but when they open their mouth and don't understand Danish and so forth, I of course think, it's irritating to spend a very very large amount of time on it when you are busy, right? (33, p.433)

> If you take time and try to analyse the patient, try to see the whole picture, then you can communicate. You need to be patient. (34, p.440)

Another aspect of how the language barrier affected the nurse was that lack of an interpreter might lead to unsatisfactory communication, suboptimal examination quality and increased stress for the nurse (35). This conclusion is supported by Nishikawa, Niiya (36) who found

that concerns about content and quality of medicine resulted in increased tension for nurses caring for foreigners.

4.1.2 Information transfer

Nurses were also reported experiencing that information transfer between nurse and patient were affected negatively by not sharing a language (29, 34, 35, 37-41). The problem of not being able to receive information from the patients may result in nurses making assessments missing key information (37, 38, 40). It might also lead to nurses' gathering data or performing tasks without speaking to the patient (34, 38). While trying to give information to the patient, the major concern for nurses was that they could not explain procedures, diagnosis or side effects of treatments (29, 34, 35, 39, 41). Lack of easy communication was also directly expressed to affect nurses' ability to build a relationship with the patient, in quote one nurse said:

> Often, our communication is reduced to nods and smiles and some very basic communication about the types of treatment – you feel they really miss out. (39, p.96)

The problems in communication were experienced as causing misunderstandings (34, 35, 40, 41). Often nurses believed patients had understood what the nurse was trying to say but they had no means of confirming that their point came across when no interpreter was available. The misunderstandings could interfere with care directly as showed by these nurses' statements:

> The patient knew that she was going to get a new intravenous line, we showed her with gestures. But when I started to put in the intravenous line she just screamed… It's hard to say why (she was distressed) since she couldn't speak any Swedish, you just didn't know. (34, p.439)

> A patient whom we believed refused to follow a treatment, but in reality after translation, we understood why, and we came to a mutual decision and solved the problem. (41, p.5)

Nurses expressed that the normal strategies they used to build a therapeutic relationship (motivation, showing concern, spending time, chit-chatting, humour) was made difficult by the lack of communication between them and the patient (29, 34, 37-40, 42). It was hard to motivate the patient to follow treatment or just encouraging them. They expressed problems with showing concern because they could not explain that the patient mattered to them and that the nurses were available when the patient needed them. The time nurses spent with the patients that did not share the same language was less in comparison with other patients. The lack of shared language interfered with everyday chit-chat and humour that nurses normally used while interacting with the patients.

The problem with information transfer was a cause of concern for the nurses and made them fearful of making wrong decisions (34, 37). They did not want to risk that a misunderstanding led to someone being given wrong treatment because of the patient's inability to express themselves. Therefore, when in doubt, they often chose to take extra precaution by performing interventions just to be sure, e.g. sending an ambulance if a patient called the emergency department and could not speak their language (37).

4.1.3 Strategies used

The nurses used a variety of strategies to bridge the language barrier that are presented in four different subthemes; *Interpreters, Learning words/phrases in patient's language, Written information* and *Non-verbal communication.*

4.1.3.1 Interpreter

The use of an interpreter, formal or informal, to communicate with the patients were experienced in different ways by nurses. Accredited interpreters were commonly expressed by nurses as ideal to facilitate communication (30, 34-36, 38-41). However the decision to use, or not use, an interpreter was based on a number of concerns. Availability was the main concern expressed by nurses (30, 33, 34, 37, 38, 40) and that waiting for an interpreter could delay care for patients (29, 30, 33, 35, 36, 38). This resulted in nurses sometimes facing ethical dilemmas:

> Shortly before the operation, the nurse discovers that the patient did not understand Danish very well and therefore had no idea what was about to happened. There was no time to order an interpreter, so the nurse decided not to cancel the operation anyway. (33, p.434)

Nurses also commonly expressed concerns regarding interpreter accuracy/reliability and competence (30, 38, 39, 42). The interpreters were perceived as not being able to translate medical information accurately for the patient and not prepared on how to discuss distressing issues. It was suggested by nurses that medically trained interpreters might improve accuracy (35, 38, 39), but the experience of using them was not further discussed.

The cost for accredited interpreters was experienced as putting the nurses in a situation where they had to weigh the seriousness and urgency of the patients' needs to motivate why there was need for an interpreter (33, 34, 38, 39). Sometimes they devalued their own profession:

> I feel like they (patients) are gonna explain their story with an interpreter to the physician. So unless I have an urgent need to know, I don't waste the resources and have the interpreter go in with me. (38, p.123)

Nurses also had problems with building and maintaining a relationship through a third party (29, 34, 38, 39, 42), e.g. when intimate or serious issues were to be discussed it might feel uncomfortable, other times the third person could take over the conversation.

Using relatives or friends as interpreters instead of accredited interpreters were commonly experienced by nurses (30, 33-35, 37, 39, 40, 42, 43). This was due to them often being readily available and free of charge in comparison to accredited interpreters. Nurses using relatives as interpreters were concerned by the lack of neutrality (30, 33-35, 37, 39, 40, 42, 43). Relatives and friends were sometimes too involved and emotionally linked to the patient (35) and thus perceived not always translating all information, in an effort to shield the patient.

The use of kids as interpreters was something nurses expressed that they tried to avoid. According to the nurses' experience it was not viewed as a good idea or inappropriate because of the responsibilities it weighed upon the kids (33, 35, 37, 39, 40, 42). However some nurses expressed that using kids as interpreters was a common practice anyway (42), whilst other nurses stated that kids were used when they were the only available option (33, 35).

Bilingual staff was another type of interpreter opted by nurses (30, 35, 38, 42). The nurses experienced the same concerns using bilingual staff as when using accredited interpreters, with the additional worries about adding to the workload on their colleagues (35, 38).

Nurses mentioned or suggested the use of other types of interpreters as well, namely; other patients (30, 39, 41), telephone interpreters (29, 34, 37) and employed interpreters (35, 38, 42). Since there were only few and brief statements regarding these types the choice was made not to further describe them.

4.1.3.2 Learning words and phrases in patient language
Nurses described how they tried to facilitate communication with the patients by learning a few words and phrases in the patients' language (34, 38, 42). This was partly a strategy to be able to better gather data and assessing interpreter accuracy, as expressed by one nurse:

> You hear those things [discharge instructions] over and over and you are just kind of used to how long they last…and I'm not very fluent in Spanish, but I know when what I said just didn't get transferred over to the patient. (38, p.125)

But it also enabled them to connect with patients on another level thus promoting the nurse-patient relationship (42).

4.1.3.3 Written information
Written information was another strategy that was brought up by nurses. However, the nurses had different views on how and when to use it. Some nurses suggested translated information pamphlets in regards to where the patients should turn for help (38), whilst other emphasised the importance of bilingual discharge information (42). Some nurses expressed the value of dictionaries, phrase books and leaflets to overcome the language barrier (40). Some nurses felt that written information was unsatisfactory because it was not available in the correct language and often times the patients were illiterate anyway (39).

4.1.3.4 Non-verbal communication
Non-verbal communication was named as another strategy used by nurses to convey messages or facilitate understanding between patients and nurse (34-39, 41). The non-verbal communication used by nurses was sign and body language, tactile communication, artefacts and mirroring patients' emotions. Non-verbal communication alone was foremost used as a last resort when there were no interpreters available (34, 35, 37). Nurses from other cultures believed their background helped them overcome language barriers to their patients and emphasised the advantages of body language more:

> You use body language instead and a smile…we have learnt that 70% of communication is body language so why not use it; it is a great tool for communication. (34, p.440)

4.2 Patients' experiences regarding effects of language on nurse-patient relationship

4.2.1 Feelings of helplessness
The feeling of helplessness or apathy was evident from patients' experiences (32, 43). Patients reported feeling belittled by direct remarks or being put through treatments without explanation of the procedures (32). They felt that there were no use in calling a nurse for help

since they could not understand each other anyway (32). In some occasions patients tried to overcome the communication barriers, e.g. by bringing a relative to interpret, but were not allowed to do so by the healthcare personal (43).

4.2.2 Nurses failing to recognize patient needs
Patients' experienced lack of individuality in the treatment they received from the nurses that left them feeling that their needs were not met. This was evident as the patients expressed the feeling of nurses being unaware or uncaring of the fact that the patient was unable to understand what they were saying (29, 32, 43). Patients' had experiences where they were informed on procedures in the nurse's native language without an interpreter or where they were not offered individually adapted information when there were something they had a hard time understanding.

Sometimes the nurses did not recognize that the patient may need an accredited interpreter even if the patient had relatives with them to interpret. In one example, a woman's child was required to explain to her mother about how an ultrasound showed a headless fetus (30).

4.2.3 Encountering negative attitudes
The patients' experienced the nurses' attitudes as arrogant, condemning or blasé (30, 32). Patients sometimes felt that they were blamed for not speaking the local language and stigmatized because of their cultural difference (32). Patients also expressed how they were ignored by nurses and they felt that the nurses did not care about their needs (30, 32). In the words of one patient:

> Everyone will be fed-up with you if you can't understand what they are saying – if you can't talk to them… sometimes they will just ignore you. (30, p.1175)

5. Discussion

5.1 Method

The decision to perform a literature review was made because it gave the opportunity to look at both qualitative and quantitative data and get a broad perspective on the subject. The choice to base the thesis design on Fribergs (27) model for literature review was made mainly since it is part of the course literature. In addition its structure was quite simple and easy to follow.

The literature search was performed in CINAHL and PubMed databases, of which both were chosen in part because they were the databases that the University Library introduced. CINAHL was also chosen because it contains a vast amount of nursing journals. PubMed, although focusing on biomedical literature, contains over 25 million citations and therefore it was deemed to provide a good chance of finding relevant articles. Scopus database was used only for manual search. The use of only two databases in the main search was a limitation to the thesis since the scope of the literature review was reduced (28). The choice to use only two broad concepts in the search might be seen as a limitation since the search result was very unspecific, containing irrelevant items. However when limited to peer reviewed research articles published in the last ten years, the number of items shrunk to manageable figures. In addition there would have been a risk of losing sensitivity by adding more concepts resulting in relevant articles being excluded from the study (28). The inclusion criteria that the articles should be written in English and be available free of charge through the Gothenburg University Library was a limitation of the review, since there were relevant titles and abstracts

in the search results that either were written in a foreign language or only available by purchasing them.

The aspiration of the thesis was to include both qualitative and quantitative articles, adopting the perspective of both patients and nurses. However the literature search resulted in only one quantitative article (36), which meant that it was not possible to synthesize quantitative data and therefore the inclusion of this article can be questioned. The article was still included since it supported some of the qualitative results. Another limitation of the thesis was that there were only four articles that touched the patient perspective, of which two focused solely on the patients' experiences. This meant that the patient perspective was only superficially explored. Another limitation of the articles was that several had small samples and no discussion on saturation, which interferes with transferability.

The included studies were from different parts of the world, ranging from America via Europe and Asia to the Oceania, resulting in a wide range of healthcare systems and cultural differences in the articles. However the studies all originate from developed countries with a lot of similarities in healthcare as well, making it possible to compare the experience of not sharing a language between nurses from different countries. The differences in culture and healthcare systems were seen as strengths improving transferability of this bachelor thesis.

During the analysis one problem was that the aim of included studies varied considerably. Some of the studies were more focused on linguistic barriers while others focused more on cultural discordance between nurse and patient. This meant that some articles have influenced the result more than others. The risk of misinterpretations from English to Swedish during analysis of the articles was minimized by the fact that English is the first language of one author. The analysis of data might have been influenced by the authors own experiences in the thesis problem area since both are currently employed in healthcare. The authors have tried to critically examine their decisions, in order to minimize the risk for bias, during all stages of the review.

5.2 Result

The theme *How the nurse is affected* suggest that nurses' experienced increased workload and stress when caring for patients they did not share the same language with (33-35), which is supported in other existing research (20, 44, 45). Because of these factors there was a reduced possibility to develop a relationship between nurse and patient (19).

As shown in the theme *Information transfer*, both receiving and giving information was negatively affected by the language barrier (29, 34, 35, 37-41), which is consistent with other research where nurses' experience communication problems as a barrier to care (20, 22, 46). This is a problem since listening to the patient, informing about procedures, teaching and other aspects of communication are a major part of the nurse's profession (10, 12, 15).

The theme *Strategies used* made evident that Nurses employed a wide range of strategies to facilitate communication. The sub-theme *Interpreter* show that use of different kinds of interpreters was common and was viewed as the most effective strategy (30, 34-36, 38-41), which is in congruence with existing research (47). The other sub-themes; *Learning words and phrases in patient's language, Written information* and *Non-verbal communication*, describes strategies that were not as reliable and effective when used on their own. Therefore

they should probably be seen as a compliment to the use of interpreter, as the aims of communication in healthcare often requires verbal communication (18).

However the use of interpreters was not viewed without challenges and concerns, agreeing with findings in other existing research (47, 48). The nurses' experienced lack of available accredited interpreters (30, 33, 34, 37, 38, 40) were similar regardless of country the nurses originate from. Therefore these experiences are assumed similar to nurses' experiences in Region Västra Götaland. However this stands in contrast to the perception of availability by the local interpreter service in Region Västra Götaland, who reports fulfilling over 98 percent of ordered interpreter assignments (49). The problem for nurses' is that the need for interpreter is "here and now" and it is often not possible to order an interpreter beforehand, e.g. when ordered to perform an ECG, asking about a patient's wellbeing or assessing pain. In these cases the nurses' will not order an interpreter but often rely on other communication strategies instead (30, 33-35, 37, 39, 40, 42, 43). Therefore the need for an interpreter in these situations may not appear on any official statistics.

Concerns with accuracy, reliability and competence were common among nurses', which is supported by other research on the subject (50). Existing research on how use of interpreters affects quality of care supports nurses' fears about quality of assessments etc. (51). In included studies it was suggested that medically trained interpreters might improve accuracy and promote better quality of care (35, 38, 39). Nurses also perceived that hospital administration was opposed to the use of professional or medically trained interpreters because of the increased cost (33, 34, 38, 39). This caused concern for the nurses, making them reluctant to order an interpreter without constantly weighing the seriousness of the situation. This might be relevant in some countries, but it is interesting that it was a concern for Swedish nurses as well because according to the Swedish law nurses have the right to order an interpreter for their patients (3-5). In addition a study evaluating impact of medically trained interpreters on hospital costs (52) found that the cost of employed medical interpreter was only 1,5 percent of total cost for patient care. In relation to expected outcomes, e.g. better understanding of treatments leading to improved compliance, this cost increase might be motivated and lead to lower overall costs for patient care in the long run.

The nurses' experience of problems with building a relationship mediated through a third person (29, 34, 38, 39, 42) has also been voiced as a concern by physicians in other research (53). This is not surprising since the foundations of the nurse-patient relationship is built on respect, trust, mutuality and presence (19), which are difficult to mediate through someone else. In situations with interpreters the relationship has to be built between all parts involved, requiring interpreters who are professional, competent and motivated. However existing research suggests that patients' might prefer using relatives as interpreters in order to preserve privacy (53).

The experienced problems with using relatives, and especially children, as interpreters caused ethical dilemmas for the nurses' (30, 33-35, 37, 39, 40, 42, 43). The nurses' have to weigh their obligations to the patients against each other, e.g. to provide accurate and timely information against confidentiality of personal information (6). The use of children as interpreters is a sensitive issue since it raises questions regarding if human rights are respected (6, 54), which puts additional ethical pressure on nurses.

The themes emerging from patients' experiences; *Feelings of helplessness*, *Failure to recognize patient needs* and *Staff attitudes* (29, 30, 32, 43), was most of all a consequence of

not sharing the same language. It interfered with the patients' ability to develop trust in nurses' and they did not feel respected, which are two important foundations of a nurse-patient relationship (19). However the negative effects on the relationship did not all originate from the language barrier. The patients' experience of nurses' behavior affected the factors of the nurse-patient relationship as well. It is hard to trust someone or feel respected by someone who appears to be uncaring or insult you and it is hard to feel presence from someone who ignores you or appears unaware of your needs.

These results suggest need for more research comparing nurses and patients experiences of specific encounters to better describe the effects of language on nurse-patient relationships. Future research should moreover try to discern how often nurses in different care settings have to use another strategy than speaking their native language when communicating with patients in order to measure the need for interpreters. There is also a need for research assessing the long-time costs of different types of interpreter options, e.g. medically trained interpreters employed by hospitals compared to interpreter services. Furthermore future research should focus on how nurses' workload is affected by caring for patients they do not share a language with.

5.3 Conclusions

Healthcare encounters between nurse and patient was experienced to be affected negatively in the presence of language barrier. Nurses' viewed the use of an accredited interpreter as the best of available options to overcome this barrier, but they also experienced several problems with using an interpreter to communicate with patients. On second note the patients' experiences suggest that the nurse-patient relationship might have been less negatively affected if nurses' employed a more respectful approach towards them.

5.4 Implications for practice

The results emphasize the increased amount of time required and the extra strain put on nurses' when caring for patients speaking another language. Healthcare executives need to consider if staffing ratio and routines for number of patients a nurse is responsible for should be adjusted according to patients linguistic compatibility to the nurses. Otherwise patient security and acceptable working conditions for nurses' might be jeopardized. There is also a need of simple and quick routines on how and under which conditions an interpreter should be used in interaction between nurse and patient adapted to local health service needs and regulations.
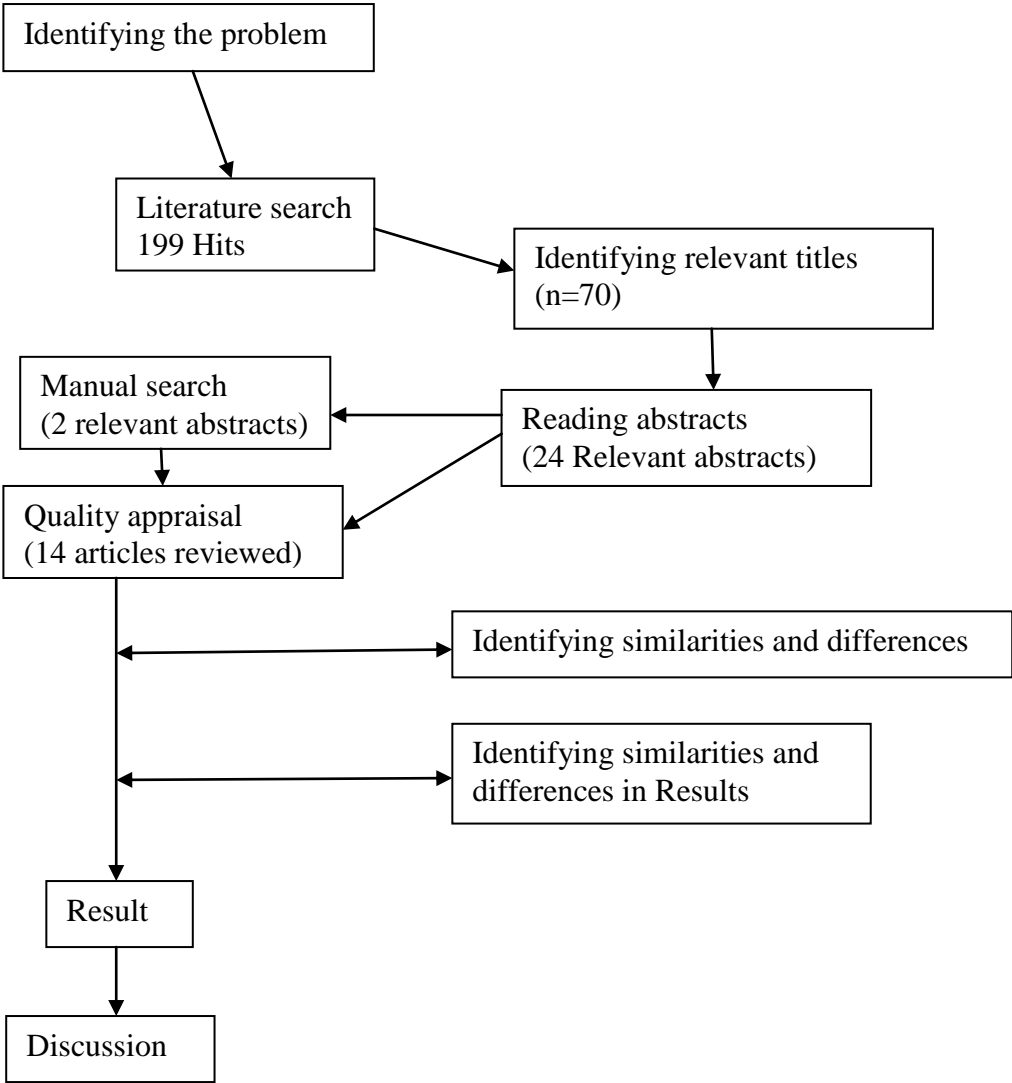
References

1.　　　　Statistics Sweden. Utrikes födda i riket efter födelseland, ålder och kön. År 2000 - 2014. Retrieved 2015-10-16, from http://www.statistikdatabasen.scb.se/pxweb/sv/ssd/START__BE__BE0101__BE0101E/Utrik esFoddaR/?rxid=10470e0d-7129-4efd-a5ad-8f1da70d67952015.

2.　　　　Migrationsverket. Inkomna ansökningar om asyl. Retrieved 2015-11-13, from http://www.migrationsverket.se/Om-Migrationsverket/Statistik2015.

3.　　　　Svensk författningssamling : SFS. 1986:223, Förvaltningslag. Stockholm: Justitiedepartementet; 1986.

4.　　　　Svensk författningssamling : SFS. 2014:821, Patientlagen. Stockholm: Socialdepartementet; 2014.

5.　　　　Svensk författningssamling : SFS. 2008:344, Lag om hälso- och sjukvård för asylsökande m.fl. Stockholm: Justitiedepartementet; 2008.

6.　　　　International Council of Nurses. The ICN Code of Ethics for Nurses. Retrieved 2015-10-13, from http://www.icn.ch/images/stories/documents/about/icncode_english.pdf2012.

7.　　　　Svensk Sjuksköterskeförening. ICN:s etiska kod för sjuksköterskor. Retrieved 2015-10-13, from http://www.swenurse.se/globalassets/publikationer-svensk-sjukskoterskeforening/etik-publikationer/sjukskoterskornas.etiska.kod_2014.pdf

8.　　　　Reed PG. Nursing: the Ontology of the Discipline. In: Cody WK, editor. Philosophical and theoretical perspectives for advanced nursing practice (5.th ed.). Burlington, Mass: Jones & Bartlett Learning; 2013. p. (p.201-21).

9.　　　　Jakobsson E, Lützen K. Omvårdnad som profession och akademiskt ämne. In: Ehrenberg A, Wallin L, editors. Omvårdnadens grunder: Ansvar och utveckling. 1. uppl. Lund: Studentlitteratur; 2009. p. 23-47.

10.　　　　Henderson V. The Nature of Nursing: A Definition and its Implications for Practice, Research, and Education. New York: The Macmillan Company; 1966.

11.　　　　Berman J, Snyder S. Historical and contemporary Nursing Practice. In: Berman A, Snyder S, Kozier B, editors. Kozier& Erb's fundamentals of nursing: Concepts, process and practice. 9.th ed: Pearson; 2014. p. 29-57.

12.　　　　Chitty KK. Conceptual and philosophical bases of nursing. In: Chitty KK, Black BP, editors. Professional nursing: Concepts & challenges 5.th ed. St. Louis, Mo: Saunders/Elsevier; 2007. p. 291-328.

13.　　　　Meleis AI. Theoretical nursing: development and progress. Philadelphia: Wolters Kluwer Health/Lippincott Williams & Wilkins; 2011.

14.　　　　Eide H, Eide T, Glad A. Omvårdnadsorienterad kommunikation: relationsetik, samarbete och konfliktlösning. Lund: Studentlitteratur; 2009.

15.　　　　Fossum B. Kommunikation och bemötande. In: Fossum B, editor. Kommunikation: Samtal och bemötande i vården. Lund: Studentlitteratur; 2013. p. 25-51.

16.　　　　Giger JN. Transcultural nursing: assessment and intervention. St. Louis, Mo: Elsevier; 2013.

17.　　　　Bäärnhielm S. Möten i den mångkulturella vården. In: Fossum B, editor. Kommunikation: Samtal och bemötande i vården. Lund: Studentlitteratur; 2013. p. 313-35.

18.　　　　Carlsson E, Björk Brämberg E. Kommunikationssvårigheter. In: Edberg A-K, Wijk H, editors. Omvårdnadens grunder: Hälsa och ohälsa. 2:1. Lund: Studentlitteratur; 2014. p. 447-77.

19.　　　　Doane GH, Varcoe C. Relational Practice and Nursing Obligations. In: Cody

WK, editor. Philosophical and theoretical perspectives for advanced nursing practice 5.th ed. Burlington, Mass: Jones & Bartlett Learning; 2013. p. 201-21.

20.		Bernard A, Whitaker M, Ray M, Rockich A, Barton-Baxter M, Barnes SL, et al. Impact of Language Barrier on Acute Care Medical Professionals Is Dependent Upon Role. Journal of Professional Nursing. 2006;22(6):355-8.

21.		Hamilton M, Essat Z. Minority ethnic users experiences and expectations of nursing care. Journal of Research in Nursing. 2008;13(2):102-10.

22.		Teng L, Robertson Blackmore E, Stewart DE. Healthcare worker's perceptions of barriers to care by immigrant women with postpartum depression: An exploratory qualitative study. Archives of Women's Mental Health. 2007;10(3):93-101.

23.		Wikberg A, Eriksson K, Bondas T. Intercultural Caring From the Perspectives of Immigrant New Mothers. JOGNN - Journal of Obstetric, Gynecologic, and Neonatal Nursing. 2012;41(5):638-49.

24.		Høye S, Severinsson E. Intensive care nurses' encounters with multicultural families in Norway: An exploratory study. Intensive and Critical Care Nursing. 2008;24(6):338-48.

25.		Arnaert A, Schaack G. Cultural awareness of Inuit patients' experiences with emergency nursing care. Accident and Emergency Nursing. 2006;14(2):97-103.

26.		Parlar Kilic S, Buyukkaya Besen D, Tokem Y, Fadiloglu C, Karadag G. An analysis of the cultural problems encountered during caregiving by the nurses working in two different regions of Turkey. International Journal of Nursing Practice. 2014;20(3):310-9.

27.		Friberg F. Dags för uppsats: vägledning för litteraturbaserade examensarbeten. Lund: Studentlitteratur; 2012.

28.		Willman A, Stoltz P, Bahtsevani C. Evidensbaserad omvårdnad: en bro mellan forskning & klinisk verksamhet. Lund: Studentlitteratur; 2011.

29.		Higginbottom GMA, Safipour J, Yohani S, O'Brien B, Mumtaz Z, Paton P. An ethnographic study of communication challenges in maternity care for immigrant women in rural Alberta. Midwifery. 2015;31(2):297-304.

30.		Binder P, Borné Y, Johnsdotter S, Essén B. Shared language is essential: Communication in a multiethnic obstetric care setting. Journal of Health Communication. 2012;17(10):1171-86.

31.		Critical Appraisal Skills Programme. CASP Checklists. Retrieved 2015-10-20, from http://www.casp-uk.net/#!checklists/cb36

32.		Eckhardt R, Mott S, Andrew S. Nursing for the masses: is it an effective way to provide care to non-English speaking patients? Clinical Effectiveness in Nursing. 2005;9(1-2):62-8 7p.

33.		Nielsen B, Birkelund R. Minority ethnic patients in the Danish healthcare system -- a qualitative study of nurses' experiences when meeting minority ethnic patients. Scandinavian Journal of Caring Sciences. 2009;23(3):431-7 7p.

34.		Jirwe M, Gerrish K, Emami A. Student nurses' experiences of communication in cross-cultural care encounters. Scandinavian Journal of Caring Sciences. 2010;24(3):436-44 9p.

35.		Fatahi N, Mattsson B, Lundgren SM, Hellstrom M. Nurse radiographers' experiences of communication with patients who do not speak the native language. J Adv Nurs. 2010;66(4):774-83.

36.		Nishikawa M, Niiya K, Okayasu M. Addressing practical issues related to nursing care for international visitors to Hiroshima. Revista da Escola de Enfermagem da USP. 2014;48(2):294-302 9p.

37.			Hultsjö S, Hjelm K. Immigrants in emergency care: Swedish health care staff's experiences. International Nursing Review. 2005;52(4):276-85 10p.
38.			Nailon RE. Nurses' concerns and practices with using interpreters in the care of Latino patients in the emergency department. Journal of Transcultural Nursing. 2006;17(2):119-28 10p.
39.			Richardson A, Thomas VN. 'Reduced to nods and smiles': experiences of professionals caring for people with cancer from black and ethnic minority groups. European Journal of Oncology Nursing. 2006;10(2):93-101 9p.
40.			Tuohy D, McCarthy J, Cassidy I, Graham MM. Educational needs of nurses when nursing people of a different culture in Ireland. International Nursing Review. 2008;55(2):164-70 7p.
41.			Plaza del Pino FJ, Soriano En, Higginbottom GMA. Sociocultural and linguistic boundaries influencing intercultural communication between nurses and Moroccan patients in southern Spain: a focused ethnography. BMC Nursing. 2013;12(1):14-21 8p.
42.			Jones SM. Emergency nurses' caring experiences with Mexican American patients. JEN: Journal of Emergency Nursing. 2008;34(3):199-204 6p.
43.			Gurnah K, Khoshnood K, Bradley E, Yuan C. Lost in Translation: Reproductive Health Care Experiences of Somali Bantu Women in Hartford, Connecticut. Journal of Midwifery & Women's Health. 2011;56(4):340-6 7p.
44.			Høye S, Severinsson E. Intensive care nurses' encounters with multicultural families in Norway: an exploratory study. Intensive & Critical Care Nursing. 2008;24(6):338-48 11p.
45.			Jane Cioffi RN. Communicating with culturally and linguistically diverse patients in an acute care setting: nurses' experiences. International Journal of Nursing Studies. 2003;40(3):299-306.
46.			Festini F, Focardi S, Bisogni S, Mannini C, Neri S. Providing transcultural to children and parents: An exploratory study from Italy. Journal of Nursing Scholarship. 2009;41(2):220-7.
47.			Bischoff A, Hudelson P. Communicating with foreign language-speaking patients: is access to professional interpreters enough? Journal of travel medicine. 2010;17(1):15-20.
48.			McCarthy J, Cassidy I, Graham MM, Tuohy D. Conversations through barriers of language and interpretation. British Journal of Nursing. 2013;22(6):335-9 5p.
49.			Tolkförmedling Väst. Ökad efterfrågan på tolk ställer högre krav på samordning och planering. Retrieved 2015-11-11, from http://www.tolkformedlingvast.se/nyheter/okadefterfraganpatolkstallerhogrekravpasamordnin gochplanering.5.5598029914d900fb28b5023.html
50.			Eklöf N, Hupli M, Leino-Kilpi H. Nurses' perceptions of working with immigrant patients and interpreters in Finland. Public Health Nursing. 2015;32(2):143-50 8p.
51.			Bauer AM, Alegria M. Impact of patient language proficiency and interpreter service use on the quality of psychiatric care: a systematic review. Psychiatric services (Washington, DC). 2010;61(8):765-73.
52.			Jacobs EA, Sadowski LS, Rathouz PJ. The impact of an enhanced interpreter service intervention on hospital costs and patient satisfaction. Journal of General Internal Medicine. 2007;22(SUPPL. 2):306-11.
53.			Degni F, Suominen S, Essén B, El Ansari W, Vehviläinen-Julkunen K. Communication and Cultural Issues in Providing Reproductive Health Care to Immigrant Women: Health Care Providers' Experiences in Meeting Somali Women Living in

Finland...[corrected] [published erratum appears in J IMMIGRANT MINORITY HEALTH 2012; 04(2):344]. Journal of Immigrant & Minority Health. 2012;14(2):330-43 14p.

54.   United Nations Human Rights. Convention on the Rights of the Child. Retrieved 2015-11-12, from http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx2002.

Appendix 1. Thesis Flow Chart

Identifying the problem

Literature search
199 Hits

Identifying relevant titles
(n=70)

Manual search
(2 relevant abstracts)

Reading abstracts
(24 Relevant abstracts)

Quality appraisal
(14 articles reviewed)

Identifying similarities and differences

Identifying similarities and
differences in Results

Result

Discussion

Appendix 2. CINAHL Search

Date	Nr #	Search Term	Limits	Items	Relevant titles	Relevant abstract	Reviewed articles	Chosen articles
9/10	#1	(MH "Communication Barriers")	CINAHL Headings	3270				
9/10	#2	(MH "Nursing Care+")	CINAHL Headings, explode term	214798				
9/10	#3	#1 AND #2		461				
9/10	#4	#3	Peer Reviewed, Research article	144				
9/10	#5	#4	Published date: 20050101-20151231	94	36	18	13	(32-38, 40-42)

Appendix 3. PubMed Search

Date	Nr #	Search Term	Limits	Items	Relevant titles	Relevant abstract	Reviewed articles	Chosen articles
9/10	#1	"Communication Barriers" [Mesh]	(MeSH-term)	5054				
9/10	#2	"Communication Barriers" [Majr]	(MeSH Major Topic)	2239				
9/10	#3	"Nursing Care" [Mesh]	(MeSH-term)	120466				
9/10	#4	"Nursing"[Mesh]	(MeSH-term)	227375				
9/10	#5	#3 OR #4		260057				
9/10	#6	#5 AND #2		262				
9/10	#7	#6	Published in the last 10 years	105	36	8	3	(38, 39, 43)

Appendix 4. Quality Appraisal and Summary of articles Table

#1 Title	Nursing for the masses: is it an effective way to provide care to non-English speaking patients?
Author, Published, Journal	Eckhardt, Mott (32), 2005, Clinical Effectiveness in Nursing
Country	Australia
Aim	To explore older non-English speaking German clients perceptions of the care they received from nurses during time spent in an acute hospital
Method – Design	Qualitative – Phenomenological, individual interviews
Main Result Conclusion	- Nursing care was portrayed by the patient as broad, distant and generalised - The themes that emerged were nursing for the masses, nursing the individual and communication and language. Nursing routines provided some comfort to the participants; however the language barrier between nurse and patient inhibited the flexibility needed for individualised culturally competent care.
Strengths	
Weaknesses	- Small sample and only female participants. - No discussion of saturation - No interview questions presented - Poor presentation of data analysis
Scientific Quality	Poor

#2 Title	Immigrants in emergency care: Swedish health care staff's experiences
Author, Published, Journal	Hultsjö and Hjelm (37), 2005, International Nursing Review
Country	Sweden
Aim	To identify whether staff in somatic and psychiatric emergency care experienced problem in the care of immigrants, and if so compare these
Method – Design	Qualitative – Exploratory design, focus group interviews with 22 women and 13 men.
Main Result	- Unexpected behaviour from patients was related to cultural differences and language barriers - Nurses experienced a great burden of responsibility in deciding whether the patient needed emergency care or not when communicating on the phone - Language barriers resulted in a considerable amount of non-emergency runs for the ambulance - Children sometimes have to take heavy responsibility as interpreters for parents. - Nurse wishes translated information regarding where immigrants should turn for help - Hard to motivate patients to be active in treatment with no or limited availability of appropriate interpreters - Sign/body language (when no interpreter present) increase difficulties since both verbal and non-verbal communication differs between cultures - Language barriers might lead to incorrect assessments, miss-diagnosis, information not being perceived correctly or inappropriate care
Conclusion	The results emphasize the need of support from organizational structures and shared models. Effective and simple routines and facilities for communicating with patients speaking a foreign language and in the use of interpreters is necessary
Strengths	- Large and diverse study population - Interview procedure well described and discussed - Analysis well described and discussed, two analysts - Saturation and transferability discussed - Ethical consideration clearly stated
Weaknesses	- Aim initially not emphasized enough to all focus groups leading to misunderstandings - Only nurse perspective
Scientific Quality	High

#3 Title	Nurses' concerns and practices with using interpreters in the care of Latino patients in the emergency department
Author, Published, Journal	Nailon (38), 2006, Journal of Transcultural Nursing
Country	USA
Aim	To describe nursing care of Latinos in the emergency department to determine how care is planned relative to the patient's ethnicity, including linguistic abilities.
Method – Design	Qualitative – Interpretive Phenomenological Design, Individual/group interviews and participant observation
Main Result	- Nurses' skills with working with interpreters, interpreter availability, engagement, and accuracy enhance or impede effective care. - Linguistic differences challenge effective care provision. - Culturally competent care requires secure avenues of accurate communication. - Nurses relied on interpreters in developing and maintaining interpersonal connections through which their concern for the patient could be conveyed
Conclusion	- Establishing rapport and building trust with patients who are from different cultural backgrounds from the provider have been viewed as challenging yet are requisite to establishing effective provider-patient relationship. This challenge is amplified when linguistic differences are also present during care encounters and trust and rapport have to be developed through an interpreter. - Nurses need more training in working with interpreters
Strengths	- Individual/group interviews and participant observation - Interviews well described - Triangulation
Weaknesses	- Saturation of data not discussed - Author bias not discussed
Scientific Quality	Average

#4 Title	'Reduced to nods and smiles': experiences of professionals caring for people with cancer from black and ethnic minority groups
Author, Published, Journal	Richardson and Thomas (39), 2006, European Journal of Oncology Nursing
Country	United Kingdom
Aim	To explore the views of professionals currently working in health and social welfare caring for black and ethnic minority patients with cancer
Method – Design	Qualitative – focus group interviews
Main Result	- Staff experienced challenges in all stages of patients' experience of cancer - Staff were concerned that their inability to communicate would result in poor service, as they could not develop an easy relationship and talk around issues - Difficulties working with either interpreters or family members, who both could be reluctant to interpret important information
Conclusion	Staff would welcome training to help explore their attitudes and assumptions in working with black and ethnic minority patients. Some staff felt they would benefit from training in working with interpreters
Strengths	- Population selection well described - Large, diverse sample - several focus groups, different cities
Weaknesses	- No theoretical framework described - Method not justified - Recruitment of study population were made by funding organisation - Data saturation and bias not thoroughly discussed
Scientific Quality	Average

#5 Title	Emergency nurses' caring experiences with Mexican American patients
Author, Published, Journal	Jones (42), 2008, Journal of Emergency Nursing
Country	USA
Aim	To understand emergency nurses' experiences when caring for Mexican American patients
Method – Design	Qualitative – Phenomenological approach, individual interviews
Main Result Conclusion	• The only participant describing the establishment of a nurse-patient relationship, was the one that spoke Spanish • Hospital translation services should be available 24 hours/day The language barrier was the main concern when providing nursing care
Strengths	• Possible author bias and influence is discussed • Saturation of data discussed • Interviews well described • Analysis well described • Theoretical framework well described
Weaknesses	• Small sample • Low transferability • Unsecure identification of Mexican patients • Themes not reviewed by participants
Scientific Quality	High

#6 Title	Educational needs of nurses when nursing people of a different culture in Ireland
Author, Published, Journal	Tuohy, McCarthy (40), 2008, International Nursing Review
Country	Ireland
Aim	Nurses' experiences in the Republic of Ireland of nursing for people from a different culture
Method – Design	Qualitative – Phenomenological approach, semi-structured individual and focus group interviews
Main Result Conclusion	• Language identified as important for provision of optimal care, cultural differences and perceptions are also highlighted • Language barrier is a major challenge for nurses when trying to communicate effectively with patients Support and education is needed by nurses to improve nursing care of people from a different culture
Strengths	• Individual and focus group interview • Data analysis well described • Study population discussed
Weaknesses	• Method not justified • Small study population • Data collection from only one region • No discussion on saturation or bias
Scientific Quality	Average

#7 Title	Minority ethnic patients in the Danish healthcare system - a qualitative study of nurses' experiences when meeting minority ethnic patients
Author, Published , Journal	Nielsen and Birkelund (33), 2009, Scandinavian Journal of Caring Sciences
Country	Denmark
Aim	Investigate nurses' experiences in caring with an minority ethnic background
Method – Design	Qualitative – Explorative Phenomenological design, individual interviews and observations
Main Result Conclusion	• Nurses need resources to care for patients with minority ethnical background • Nurses have different attitudes in the same phenomena The problems that arise from the language barrier are the most crucial condition for nurses in care for ethnic minority patients. The difficulties related to communication make it difficult to maintain a mutually trusting relationship between patient and nurse.
Strengths	• Interviews combined with observations • Data collection and analysis well described
Weaknesses	• Small sample • Sample selection not justified • No saturation or bias discussion
Scientific Quality	Average

#8 Title	Nurse radiographers' experiences of communication with patients who do not speak the native language
Author, Published, Journal	Fatahi, Mattsson (35), 2010, Journal of Advanced Nursing
Country	Sweden
Aim	Exploring nurse radiographers' experiences of examining patients who do not speak the native language
Method – Design	Qualitative – Content analysis, focus group interviews
Main Result Conclusion	• Need for interpreter is strongly associated with type of examination • Friends or relatives were not considered ideal as alternative to professional interpreters The need for an interpreter should be clearly stated on the radiology request form. Intercultural communication in nurses' education should be enhanced
Strengths	• Participants from different hospitals • Good age diversity in study population • Clear analysis
Weaknesses	• Small sample • No discussion regarding bias or saturation
Scientific Quality	Average

#9 Title	Student nurses' experiences of communication in cross-cultural care encounters
Author, Published, Journal	Jirwe, Gerrish (34), 2010, Journal of Advanced Nursing
Country	Sweden
Aim	Exploring student nurses' experiences of communication in cross-cultural care encounters.
Method – Design	Qualitative – Explorative, Semi-structured interviews
Main Result Conclusion	• Student nurses experienced particular difficulties communicating with patients with whom they did not share a common language. This lead to mechanistic and impersonal care. • The student nurses were afraid of making mistakes and lacked skills and confidence in questioning patients. • Different strategies were used to overcome communication barriers including relatives as interpreters, non-verbal communication and artefacts. Although student nurses seek ways to communicate with patients from different cultural backgrounds, they lack skills and confidence. There is a need in Nursing programmes for more education on transcultural care
Strengths	• Unique perspective because of the study population • Diverse study population • Interviews and analysis well described
Weaknesses	• Small study population, low transferability • No discussion regarding method or saturation
Scientific Quality	Average

#10 Title	Lost in Translation: Reproductive Health Care Experiences of Somali Bantu Women in Hartford, Connecticut
Author, Published, Journal	Gurnah, Khoshnood (43), 2011, Journal of Midwifery & Women's Health
Country	USA
Aim	Explore the reproductive health experiences of Somali Bantu women in Connecticut.
Method – Design	Qualitative – Key informant interviews, focus group and semi-structured survey
Main Result	- The women had unmet health needs resulting from barriers to care that included ethnic distinction, language barriers, passive acceptance of incorrect care and cultural discordance - The various types of discordance was caused by lack of recognition that the Somali Bantu population are distinct in culture, language and solidarity from ethnic Somalis
Conclusion	There is an larger issue of information asymmetry within the health care system, that will affect other vulnerable refugee populations if left unaddressed
Strengths	- Mixed methods in data collection - Saturation discussed
Weaknesses	- Small sample - Self-reported results - No bias discussion
Scientific Quality	High

#11 Title	Shared language is essential: Communication in a multiethnic obstetric care setting
Author, Published, Journal	Binder, Borné (30), 2012, Journal of Health Communication
Country	United Kingdom
Aim	To gain a deeper understanding of the multiethnic care setting and the roles that ethnicity and language play during sensitive care encounters between immigrant women and their western obstetric care providers
Method – Design	Qualitative – Naturalistic enquiry, Individual and focus group semi-structured interviews
Main Result	- Language was identified as the main barrier to care by both patients and providers - Language is not merely a component of culture-sensitive care, but rather a basic premise to be able to achieve culture-sensitive care - Providers and patients had reservations towards use of interpreter services due to availability, trust, skill level and objectivity. Yet interpreter is the default option for providing interaction when there is language discordance between provider and patient
Conclusion	Communication problems have potential to block optimal interaction between patient and provider. A desire for gender concordance was less important for patients than having a professional and respectful encounter. Shared language is a key ingredient in the interaction between care provider and patient, yet interpreter services is used in a suboptimal way.
Strengths	- Large and diverse sample - Personal influence of authors discussed
Weaknesses	- Cultural factors might have biased snowball sampling - Data analysis not thoroughly described
Scientific Quality	Average

#12 Title	Sociocultural and linguistic boundaries influencing intercultural communication between nurses and Moroccan patients in southern Spain: a focused ethnography
Author, Published, Journal	Plaza del Pino, Soriano (41), 2013, BMC Nursing
Country	Spain
Aim	Ascertain how nurses perceive their intercultural communication with Moroccan patients and what barriers are evident which may be preventing effective communication and care
Method – Design	Qualitative – Focused Ethnography, semi-structured interviews
Main Result	- The substantial language barrier seems to affect communication - Relations are also marked by prejudice and social stereotypes which likely compromise provision of culturally competent care
Conclusion	The language barrier may compromise nursing care delivery and could be readily overcome by implementation of professional interpretation within hospital settings
Strengths	- Transcription of interviews approved by participants - Rigorous analysis - Saturation and bias discussed
Weaknesses	- Indistinct discussion - The study population was limited in two ways: small and restricted to hospital nurses
Scientific Quality	High

#13 Title	Addressing practical issues related to nursing care for international visitors to Hiroshima
Author, Published, Journal	Nishikawa, Niiya (36), 2014, Revista da Escola de Enfermagem da USP
Country	Japan
Aim	Investigate attitudes and concerns of Japanese nurses when they are in a situation dealing with foreign patients
Method – Design	Quantitative – Questionnaire
Main Result Conclusion	• The issues causing most concern for nurses while caring for foreigners were how the patients would pay for medical expenses and how to communicate with patients speaking a foreign language In order to provide a high quality of patient care, extra preparation and a greater knowledge of international workers and visitors are required by nursing professionals in Japan
Strengths	• Good discussion, relating to existing research • Reliability of instrument considered
Weaknesses	• Small sample • Indistinct target population
Scientific Quality	Average

#14 Title	An ethnographic study of communication challenges in maternity care for immigrant women in rural Alberta
Author, Published, Journal	Higginbottom, Safipour (29), 2015, Midwifery
Country	Canada
Aim	Identify the nature of communication difficulties in maternity services from the perspective of immigrant women, health care providers and social service providers in a small city in southern Alberta
Method – Design	Qualitative – Ethnography, Individual semi-structured interviews
Main Result Conclusion	• Language barriers, cultural differences and lack of shared meaning may challenge communication between health care providers and patients • When language cannot transport the message, non-verbal communication may be relied upon • Bilingual individuals acting as interpreters was viewed as potentially creating concerns related to confidentiality and trustworthiness Communication difficulties extend beyond matters of language competency. Challenges in communication are experienced by both providers and patients. Attention to non-verbal communication may help reduce language barriers
Strengths	• Data analysis well described • Method justified
Weaknesses	• Small cohorts • No saturation or bias discussion
Scientific Quality	Average

Appendix 5. *Overview of main themes and subthemes*

Nurses experiences	No. of statements	Patients experiences	No. of statements
How the nurse is affected • Stress • Workload	**6** 2 4	**Feelings of helplessness**	5
Information transfer • Information transfer • Misunderstandings • Relationship building skills • Afraid of making wrong decision	**34** 14 6 9 5	**Failure to recognize patients need**	7
Strategies used • Different types of Interpreters • Learning words in pat. Language • Written information • Non-verbal communication	**120** 98 4 5 13	**Staff attitudes**	6