ORIGINAL ARTICLE

Speaking in the Lingua Franca of Patients: Nurses' Perspective on Language Concordant Care

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ABSTRACT

Objective: The research endeavors to investigate nurses' perspectives regarding the delivery of language-concordant care to patients with diverse lingua franca, while also pinpointing the language obstacles that hinder effective communication in the provision of quality healthcare.

Study Design: A qualitative descriptive study.

Place and Duration of the Study: The study was conducted at Soldier Family Ward Military Hospital (MH) Rawalpindi, Pakistan, from January 2023 to May 2023.

Methods: Thirteen nurses working in family ward of a Military Hospital in Rawalpindi were selected as participants who have working experience of 8-10 years. Semi-structured interviews were carried out in Urdu, audiotaped and later translated into English and transcribed verbatim. Manual thematic analysis was carried out to address the study objectives.

Results: The five main themes are antecedents of language barriers, repercussions of language barriers, momentousness of patient's lingua franca, provision of language-concordant care, and linguistic empowerment.

Conclusion: Language barriers can impede nurses' ability to communicate effectively with their patients in any location, which can result in inadequate, delayed, unsafe, and ineffective care delivery to meet patients' needs.

Keywords: *Communication, Language Barriers, Satisfaction.*

Introduction

Communication through language is an exclusive characteristic of humans and is an essential aspect of human interaction that facilitates understanding of individuals' desires and needs.[1] This understanding is hampered if language barriers are not catered. In healthcare delivery, Language Barriers (LBs) can negatively impact the quality of care provided to patients. These barriers can lead to poor health outcomes, misdiagnoses, medication errors, and decreased satisfaction levels for both patients and healthcare professionals, including nurses.[2] For effective treatment, expressing the problem a patient is going through and understanding the same as a nurse is very important to ensure the patient's safety. LBs would be minimized if nurses communicate with patients in their language, something that is not always possible.[3] Nevertheless, where possible, such provision of language concordant care (LCC) can be valuable.

LCC refers to a holistic approach in healthcare that aligns services with the patient's preferred language, aiming to improve overall care quality by reducing language barriers. This approach enhances patient satisfaction, health outcomes, and communication efficiency.[4,5] In multilingual settings with multiple

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dominant languages, researchers define LCC as scenarios where healthcare professionals and patients converse in a common shared language or lingua franca. Conversely, language-discordant encounters occur when individuals speak different first languages, potentially hindering communication due to varying proficiency and experience levels.[6] LCC is therefore essential for building trust, improving health outcomes, and promoting health equity in diverse, multilingual populations. Among various social determinants of health, LCC has been shown to significantly enhance healthcare delivery for diverse communities.[7]

In this world of incredible linguistic diversity, nearly 7000 languages are spoken globally. Pakistan is also known for its diversity of languages. Currently, 73 languages are spoken in Pakistan, however, out of these 73 languages, the status of the national language is given to Urdu, and English is used as an official language.[8,9] In the urban areas, the majority of the people can communicate in both or either of the two languages that making the 36.38% of the total population however around 63.62% of the population is living in rural areas.[10] An evident majority of the rural population does not speak or understand any of the two languages hence, use their native lingo. Language is, therefore, affecting the quality of life in rural areas differently and significantly besides many other socio-cultural factors. These rural populations head towards urban areas to access better healthcare facilities.

Thus, the study underhand considers a public hospital in Rawalpindi as the research site. Rawalpindi is one of Punjab's largest cities, known for its diverse population and cosmopolitan nature. The city has approximately 3.26 million urban and 1.16 million rural residents as of the 2017 census. Rawalpindi's strategic location near Islamabad and its connectivity to Khyber Pakhtunkhwa and Gilgit Baltistan make it a vital healthcare hub for residents from surrounding rural areas. Many people travel to Rawalpindi and Islamabad for superior medical services, driven by the concentration of advanced healthcare facilities and professionals in these urban centers, which are often lacking in rural regions.[11,12] When patients from rural areas where local languages such as Potohari, Kashmiri, Pashto, Shina,

Hindko, Siraki, etc., are spoken seek healthcare in urban centers like Rawalpindi, they often encounter significant language barriers. Many of these patients do not speak Urdu or English, nor do they understand the medical terminology used by healthcare providers. Public hospitals in Pakistan typically lack systematic interpreter services, exacerbating this communication gap. Consequently, this language barrier contributes to feelings of anxiety, frustration, and fear among patients. The high patient volume in these hospitals also hinders nurses' ability to establish trust in a multilingual environment, resulting in patient distrust and dissatisfaction.[13] Moreover, patients may struggle to follow medical instructions properly, leading to adverse health outcomes. Therefore, the present study is conducted to explore the nurses' perspective on the use of harmonious LCC that respects and adapts to patients' cultural, and language needs to prevent health inequalities. The study will also identify the linguistic barriers hampering effective communication between healthcare professionals and patients from the perspective of nurses.

Literature Review

Due to the surge of globalization, the world is increasingly becoming multilingual. These multilingual societies offer diverse opportunities for growth and development, yet they also present specific challenges, particularly in healthcare settings. This dual nature calls for attention from applied linguists and healthcare professionals to identify and address the challenges pertaining to language concordant care effectively. Different studies in the past two decades have underscored the positive impact of language-concordant care (LCC) in healthcare, especially within multilingual societies. This highlights the need for ongoing exploration and implementation of solutions to optimize healthcare delivery in linguistically diverse environments.

A systematic review of 33 studies found that 76% reported better patient outcomes with language-concordant care, while 15% showed no difference and 9% indicated worse outcomes. For instance, a study involving 96 Spanish-speaking asthma patients revealed that those cared for by language-discordant physicians were more likely to omit medication and

miss appointments, with a trend towards increased emergency room visits over time.[14] Another study in California involving 34,600 non-English-speaking members found that 64.1% with language-concordant providers had 9.8% lower specialists, 19.8% inpatient, and slightly fewer emergency departments' visits and 5.2% increased visits to a language concordant primary care physician. These findings underscore the potential benefits of having LCC in enhancing healthcare access and outcomes for linguistically diverse populations.[2]

Moreover, a significant number of studies indicate that challenges in communication resulting from LBs have adverse effects on different aspects of healthcare.[15,16] The findings of these studies indicate that patients facing LBs experience decreased motivation for treatment, reduced adherence to follow-up visits, especially in chronic conditions, limited understanding of diagnoses and medications, restricted access to critical health information, and heightened risks of medical complications. LBs have been globally considered as one of the main challenges that hinder the implementation of effective healthcare interventions in many countries. In a nationwide study of 599 participants who are primary healthcare professionals in Switzerland, 90% faced significant language barriers annually, with 30% experiencing them weekly. Family and friends were used as translators in over 50% of encounters and two-thirds of physicians lacked access to professional interpreters. These findings highlight the widespread impact of language barriers on healthcare communication and the need for professional interpretation services.[17] In Kenya the health care professionals and the general population speak different languages i.e. English and Kiswahili.[18] As per the Bahrain National Health Regulatory Authority, a substantial number of complaints were attributed to communication issues including LBs.[19] A study conducted in Ethiopia revealed that LBs can result in medical errors, dissatisfaction among patients and healthcare professionals, extended hospital stays, increased treatment expenses, and financial hardships. To prevent these adverse outcomes, the study recommended the employment of professional interpreters or the

recruitment of multilingual staff.[20] However, further high-quality research is needed to gain a deeper understanding of the impact of LBs on healthcare and to develop effective approaches for enhancing linguistic access for patients.

Research on language-concordant care (LCC) in healthcare has predominantly focused on physicians, often neglecting the critical role of nurses. As primary patient contacts, nurses significantly influence initial interactions and patient outcomes when managing language barriers (LBs). Establishing therapeutic relationships requires nurses to engage in compassionate, respectful conversations while being attentive to nonverbal cues. However, the utility of LCC among nurses and patients, particularly in the multilingual context of Pakistan, remains underexplored. While LCC is a well-researched phenomenon in developed countries, it warrants thorough investigation in Pakistan, where the national language Urdu is spoken as a first language by only 8% of the population, and fluency in English is limited to the educated class. The rural population, often facing language barriers, exacerbates the situation, highlighting the need for effective communication approaches and policies. Exploring LCC in this context can help develop strategies for Pakistani healthcare professionals, aligning with the World Health Organization's concept of health equity [21] and the Sustainable Development Goal No. 3, 'Good Health and Well-being.

Methods

The qualitative study was conducted at soldier ward Military Hospital (MH) Rawalpindi, Pakistan from January 2023 to March 2023 after taking permission from the Ethical Review Board of Armed Forces Post Graduate Medical Institute (AFPGMI) on dated 14th February 2024 vide letter no: 431-AAA-ERC-AFPGMI, aimed to gather insights from 13 nurses on language concordant care. Non-probability convenience sampling and volunteer sampling techniques were employed to select participants, focusing on nurses working with patients facing linguistic barriers. In-depth, semi-structured interviews lasting 45 to 60 minutes were conducted in a comfortable environment, following the confirmation of informed consent and participant availability. The

interviews took place in the counseling room of the ward. Subsequently, the collected data underwent translation and verbatim transcription. Thematic analysis of Clarke & Braun was then employed to analyze the gathered information.[22] The research study adheres to ethical standards, ensuring participant anonymity. Each participant is identified by an alphabetical code (N1-N13), and this code is used for labeling tapes and transcripts.

Results

For the analysis of study, the researchers followed the thematic analysis technique by Clarke & Braun.[22] The findings of the current study suggested five major themes derived from the data presented in Figure.1.
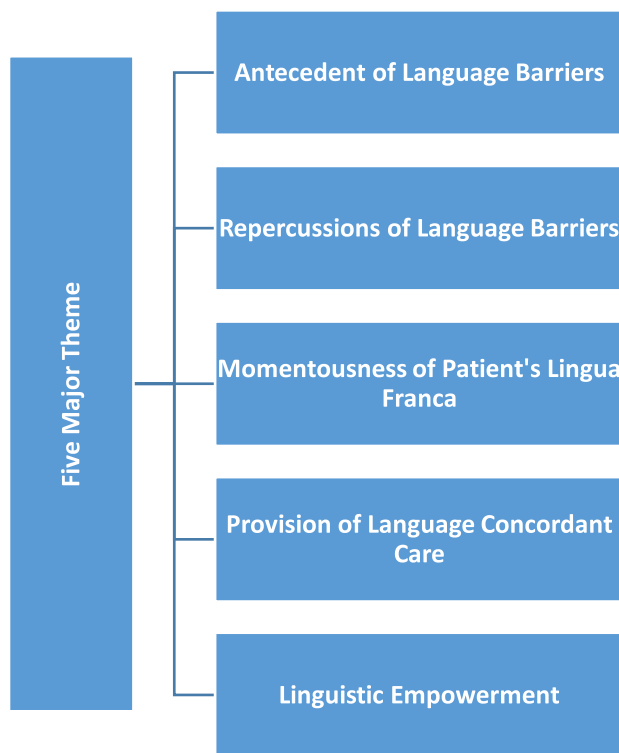

Fig.1: Nurses' Perspective on Language Concordant-Care

The description of each theme is described below under separate heading

Theme 1: Antecedents of Language Barriers

This theme refers to the precursors that cause barriers to effective communication between nurses and patients. The participants recognized the utilization of medical terminology and specialized lexicon by their colleagues, as well as the employment of such language with patients

possessing limited health literacy, as contributory factors to LBs. Furthermore, study participant N4 expounded on the influence of cultural norms and values in obstructing effective communication. She explicated, "you see different cultures have different norms, values, and beliefs about health and illness, like some patients coming from far-flung areas would not understand Urdu which hampers the basic conversation between healthcare providers and patients… biases and prejudices towards certain cultures is also hazardous in the delivery of quality care". Language and culture are intricately linked, significantly influencing healthcare communication. Neglecting culture's impact overlooks the interplay between language, cultural norms, and the dynamics of patient-provider interactions, essential for effective healthcare communication.

Theme 2: Repercussions of Language Barriers

This theme highlights the impacts and consequences of LBs on communications in the healthcare context. The codes extracted from the quotes encompass misdiagnosis, medication errors, patient dissatisfaction, and mistrust. N1 highlights that LBs result in the "increased length of stay, poor health outcomes, and dissatisfaction of our patients" due to limited linguistic proficiency on the part of both nurses and patients. Consequently, it also compromises the credibility of hospitals in providing quality healthcare. This creates pressure for the nurses as well. Additionally, it also hinders decision-making and decreases the empowerment and engagement of the patients. N3, N5, N7, N9, and N10 agree that nurses with limited proficiency in Urdu or English face challenges in communicating with patients, hindering the exchange of crucial medical information. This also impedes the informed consent process, shared decision-making, and patients' active participation in healthcare decisions. Furthermore, the participants also revealed personal scenarios encountered by them where miscommunication due to poor language concordance resulted in adverse patient outcomes.

Theme 3: Momentousness of Patient's Lingua Franca

This theme covers the significance of linguistic harmony and recognizing the language preferences of patients in the healthcare setting. The codes

extracted from the quotes emphasize the benefits of clear understanding, trust building, patient satisfaction, stronger patient-provider relationships, comprehensive care, culturally congruent care, effective therapeutic communication, and most prominently the importance of patient's lingua franca.

Speaking in the patient's lingua franca ensures clear communication, accurate medical history, cultural sensitivity, and enhanced patient safety. Proficiency in the patient's language empowers nurses to deliver comprehensive care, articulate diagnoses, address concerns, and provide effective emotional support, fostering efficient and precise information exchange in healthcare environments, as stated by one of the participants; "In my opinion understanding the patient's language allows us to gather or make comprehensive medical histories and explain diagnoses and treatment plans clearly. We may also better address any concerns or questions and provide emotional support effectively to our patients" (N12). This highlights the indispensability of patients' preferred language in the delivery of compassionate and comprehensive care and the exigency of the patient's lingua franca. N5 points out the significance of patients' lingua franca and his/her healthcare decision, "Patient engagement is a crucial aspect of healthcare, and although I agree language concordance aids in communication, it is equally essential to actively involve patients in their healthcare decisions" (N5). Addressing this notion is crucial in promoting effective communication, patient satisfaction, and ensuring the delivery of culturally congruent care for optimal patient outcomes.

Theme 4: Provision of Language-Concordant Care

This theme showcase the strategies utilized by nurses to provide quality health care when interacting with patients. The perspective of nurses emphasizes the importance of empathetic listening, learning key phrases, seeking assistance from colleagues and family members, reducing the use of medical jargon, and improving nonverbal communication as effective techniques in enhancing quality care and provision of LCC. The participants also shared how they utilize language interpretation services, including telephonic interpretation, to

access interpreters quickly and efficiently. N2 shared her opinion of how she deals with such patients who cannot understand Urdu, "Additionally, I make use of language interpretation services, by involving my colleagues who know that local language… at times I have to opt for telephonic interpretation with someone who knows the patient's language. The worst situation may be when no such assistance is available and we have to rely on body language only, which can make things very difficult, however, I have not experienced such a scenario yet. (N2) This theme also covers the awareness of nurses to overcome linguistic barriers and the resources that may be utilized for LCC in healthcare settings. N8 in this regard states that "I think by actively participating in workshops, training sessions, or language courses, fellow nurses can enhance their capacity to communicate effectively and provide culturally sensitive care to patients who have limited language proficiency" (N8). Implementing such learned strategies is essential in healthcare settings to promote effective communication, improve patient satisfaction, and ensure culturally sensitive care for patients with limited language proficiency.

Theme 5: Linguistic Empowerment

This refers to the provision of skills, resources, and opportunities to use and understand language effectively. To ensure the linguistic empowerment of nurses; targeted education, practical training, learning experiences, and linguistic diversity regarding language concordance is very significant. The participant nurses highlight the importance of nurses' proficiency in different languages particularly in the multilingual profile of Pakistan. Some of them were proficient in English and Urdu only, while others possessed multilingual abilities, including languages such as Pashto, Punjabi, Saraiki, and a few others. When asked about formal training on LCC a significant number of the sample categorically mentioned that they had not received any formal training or education on language-concordant care during their nursing career. N13 in this context mentioned "We should have the training to provide better care in different languages. Our opinions should be considered when making policies. Nurses who can speak multiple languages should get extra credit when they're chosen. Also,

nurses who speak the native language of the area should be placed in those locations." (N13) This poses the requirement of formal training on linguistic concordance and the presence of multilingual nurses. It further reveals the value of linguistic diversity in healthcare settings and gives voice to nurses' perspectives on policy making. By equipping nurses with the necessary knowledge and skills, healthcare organizations can empower them to effectively communicate with diverse patient populations, improving patient outcomes and promoting culturally sensitive care.

Discussion

The present study delves into the perspectives of nurses regarding the importance of utilizing patients' lingua franca in clinical environments and the ramifications of LBs on the delivery of high-quality health care to vulnerable patients. Given the pivotal role of a nurse as an advocate for both the patient and the healthcare system, serving as an intermediary between the patient, provider, and payer, their influence on the provision of quality healthcare is substantial. Since enhancing patient health outcomes is the primary goal of healthcare systems, understanding nurses' viewpoints is essential. Therefore, this study is significant in itself as there is a scarcity of research giving voice to nurses' perspectives on the provision of holistic healthcare through LCC to neglected rural monolingual communities in Pakistan.

The study identifies the linguistic empowerment of nurses to be of utmost importance as it ensures patients' health outcomes, comfort, and satisfaction, makes them feel listened to, and improves their understanding of and compliance with treatment regimens. This concord with the previous research showing that Latino patients with limited English proficiency have better glycemic control when treated by language-concordant healthcare providers. Moreover, limited English proficiency patients with language-concordant doctors had similar glycemic control to English-speaking Latinos, while those with language-discordant fared worse. These findings highlight the importance of language concordance in effectively managing diabetes among limited English proficiency patients

Nurses' awareness of the repercussions of language

barriers is significant as it indicates their recognition of the adverse effects on patient well-being and healthcare efficiency, but also reveals a theory-practice gap and a lack of training in LCC implementation. This aligns with previous research on nurse-patient communication in sub-Saharan Africa, which found excessive workloads, staff shortages, and poor communication skills, highlighting the need for extensive training to minimize language barriers and improve LCC.[23] Bedside responsibilities and administrative tasks further hinder the delivery of quality care, including LCC.

This study is particularly significant in Pakistan, as it gives voice to nurses, who as regulated practitioners, are responsible for providing safe and effective care within their competencies. They must collaborate with other professionals, acknowledge their expertise, and use language skills for patient well-being. The study underscores how LBs can exacerbate the challenges faced by patients and their families, adding further hardship to an already stressful situation. Effective communication and understanding are crucial for ensuring excellent patient experiences and outcomes, especially in acute scenarios. However, the healthcare system currently falls short of meeting the needs of vulnerable populations.[24] The study also points out the lack of nurse consultation in creating or evaluating policies, which can result in irrelevant or inapplicable policies. Including multilingual nurses alongside linguists and healthcare professionals in language policy formulation or review processes could improve patient care and experiences.

Given the complexity of LBs in healthcare, medical schools should develop interdisciplinary curricula involving experts in health communication, linguistics, and social science. Implementing language concordance in medical education may face feasibility challenges, requiring leadership support, financial sustainability, and student interest. Future research should explore patient experiences with interpreter-facilitated communication. Insights from this study can inform questionnaires for in-depth investigations into factors affecting language-concordant care delivery. Before allowing nursing students to apply language

skills in clinical settings, it's essential to formalize language competency in medical school frameworks, including proficiency benchmarks and retention-focused modules.

Conclusion

Hence, nurses' responsibility for patient-centered care underscores the crucial role of effective communication. The presence of language barriers poses a significant challenge, impeding nurses' understanding of patients' needs and impacting overall care quality. Recognizing the value of language-concordant care, especially for rural monolingual patients in Pakistan, becomes paramount for an enhanced healthcare experience. Multilingual nurses emerge as invaluable assets, bridging communication gaps and contributing to improved understanding of patient needs, ultimately elevating the quality-of-care delivery. As healthcare strives for inclusivity and patient-centeredness, fostering linguistic diversity among nursing professionals is essential to overcome language barriers and ensure comprehensive, effective care tailored to each patient's unique requirements.

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Authors Contribution
SNK: Idea conception, manuscript writing and proofreading **ZF:** Study designing, data analysis, results and interpretation **SJ:** Study designing, data collection

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