

# Investigating The Impacts Of Language Barriers On Communication Between Nurses And Patients In Hafr Al Batin Healthcare Settings

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## Abstract

Effective patient-provider communication facilitates quality care, but language differences can impede interactions. This study explored the impacts of language barriers between nurses and patients in Hafr Al Batin, Saudi Arabia. A mixed methods design incorporated a survey of 50 nurses and semi-structured interviews with 15 nurses across 3 hospitals. Qualitative content analysis of interviews identified key communication challenges including difficulty understanding patients' symptoms, inability to explain diagnoses/treatments, impaired rapport building, and risks of clinical errors. Survey results showed 76% of nurses encountered language barriers often or daily, primarily with expat patients. Impacts included communication difficulties (86%), frustration (64%), needing interpreters (54%), and perceived compromises in care (48%). Nurses desired expanded interpreter access and language training to address gaps. Overall, language barriers significantly impact nurse-patient communications in Hafr Al Batin, highlighting needs to support linguistically and culturally

competent care. Findings can inform initiatives to strengthen communication and train bilingual healthcare providers in Saudi Arabia's multicultural environment.

### **Introduction**

Effective communication between healthcare providers and patients is a vital component of safe, high-quality care (Al Shloul et al., 2022). Through verbal and nonverbal interactions, nurses collect key information about patients' conditions, explain diagnoses and treatments, provide instructions, and offer psychosocial support (Galinato et al., 2016). Positive nurse-patient communications facilitate discovery of patient needs, shared decision-making, and treatment adherence. However, communication barriers posed by language differences between patients and providers can impede successful interactions and satisfaction (Diamond et al., 2019). As Saudi Arabia's healthcare system serves an increasingly diverse population including expatriates, language barriers are an emerging challenge (Aldossary, 2018).

This study focused specifically on investigating the impacts of language barriers on communications between nurses and patients in the Hafr Al Batin region's healthcare settings. Hafr Al Batin has a mixed Saudi national and expatriate population, with many nurses being non-Arabic speakers while interacting with Arabic-speaking patients (Aldossary, 2018). The research questions addressed were: 1) What communication challenges do nurses experience related to language barriers with patients? 2) How do nurses perceive language differences impacting their communications and care provision for patients? And 3) What strategies or resources do nurses need to help address language barrier impacts?

A mixed methods design incorporated interviews exploring nurses' perspectives on communication experiences with linguistically diverse patients, along with a survey quantifying language barrier occurrences and impacts on care processes. Findings provide insights on the significance of language challenges and their effects on quality of care, informing initiatives to enhance linguistic competency and improve nurse-patient interactions in this region.

### **Literature Review**

Saudi Arabia has high linguistic diversity, with expatriates composing about one-third of the population and healthcare workforce (MOH, 2020). This contributes to language discordance between patients and providers. In hospital settings globally, nurses frequently encounter patients who speak limited or no English, especially among elderly, minority, and immigrant groups (Diamond et al., 2019). Language barriers occur when the patient and provider lack proficiency in a shared language, requiring the use of an interpreter or resulting in communications breakdowns (Al Shloul et al., 2022). Even when conversant in English, patients may prefer discussing health concerns in their native language (Diamond et al., 2019).

Studies across North America, Europe, Australia and Asia have demonstrated how language barriers decrease care quality and patient satisfaction (Al Shloul et al., 2022; Diamond et al., 2019). Key detrimental impacts include impaired ability to elicit patients' symptoms, limited comprehension of diagnoses and treatments, poorer ability to follow instructions, decreased rapport, and increased clinical errors (Diamond et al., 2019; Schyve, 2007). Nurses report frustrations when unable to explain care adequately or form interpersonal connections with patients (Cioffi, 2003). Patients describe feeling dismissed, powerless, and anxious without shared language (Schyve, 2007). Overall evidence shows language concordance improves communications, relationships, and healthcare outcomes (Diamond et al., 2019).

In Saudi Arabia, studies have begun examining provider perspectives on communication barriers related to culture and language. Qualitative interviews with hospital nurses in Riyadh revealed difficulties gathering clinical information, explaining discharge instructions, and developing trust with non-Arabic speaking patients (Aldossary, 2018). Nurses lacked confidence in interacting cross-culturally. Similarly, Alyaemni (2021) found nurses across Jeddah hospitals reporting suboptimal communications with expats due to language differences. Proposed solutions include enhancing workforce diversity, expanding interpretation services, and providing linguistic and cultural competency training within healthcare education (Aldossary, 2018; Alyaemni, 2021). However, the impacts of language barriers specifically from the nurse perspective remain underexplored in Saudi Arabia.

## **Methods**

### **Study Design and Setting**

A concurrent mixed methods study was conducted, collecting qualitative data through nurse interviews along with a survey quantifying language barrier occurrences and impacts. The study took place at the three main Ministry of Health hospitals in Hafr Al Batin, Saudi Arabia: King Fahd General Hospital, Maternity and Children's Hospital, and King Khalid General Hospital. Approval was obtained from the institutional review board and hospital directors.

### **Participants and Sampling**

The target population was nurses working in inpatient hospital units. Inclusion criteria were being a currently practicing nurse and interacting directly with patients. Purposive sampling was used for qualitative interviews to identify 15 nurses with at least one year of experience and Arabic as a second language, in order to explore language barrier impacts. A separate sample of 50 nurses across different units completed the print survey.

### **Data Collection and Measures**

The semi-structured interviews used open-ended questions probing nurses' experiences with language barriers and impacts on patient care. Interviews were audio-recorded and transcribed. The self-administered survey contained 15 fixed-choice questions measuring language barrier frequency, patient populations affected, types of communication difficulties, impacts on care delivery, and desired strategies to address challenges. It was developed based on key constructs from the literature review. The hospital nursing directors verified survey content validity.

### **Data Analysis**

Qualitative data was analyzed via conventional content analysis to inductively code and categorize themes related to language barrier impacts and challenges. Transcripts were independently coded by two researchers and organized into a conceptual framework. Survey data was analyzed using descriptive statistics to calculate frequencies and percentages for Nurses' responses to fixed-choice items. Chi-square tests compared differences in impact perceptions by nurse demographics. Quantitative and qualitative

findings were integrated during interpretation to provide complementary results on language barrier effects.

## **Results**

### **Nurse Interview Findings**

Analysis of the 15 nurse interviews revealed four major themes related to the impacts of language barriers with patients:

Difficulties understanding patients' verbal expressions of symptoms and needs

- Nurses described struggling to comprehend patients' descriptions of their symptoms and health concerns, especially complex dialogues.
- Without adept common language, nurses reported relying on nonverbal cues, gestures, and very elementary vocabulary to try to grasp what patients were attempting to communicate about their conditions.
- However, there were still uncertainties whether nurses fully understood the clinical picture based solely on basic communications.
- Gathering pertinent health history was also impeded by inability to ask probing questions or for elaboration when language comprehension was limited.

Inability to adequately explain diagnoses, treatments, medications, and discharge instructions

- Nurses expressed frustration with inability to adequately explain patients' diagnoses, proposed treatments, medication uses/administration, and self-care needs post-discharge.
- Without shared language proficiency, nurses had to use simplified terms, improvised translations, pictograms, and pointing/miming to attempt to convey medical information and instructions.
- However, nurses lacked confidence patients truly understood their health status and care regimens based on these very basic explanations.
- Nurses were concerned about risks for improper medication usage or non-adherence to treatment plans due to constrained health education from language barriers.

Impaired interpersonal relationships and rapport building with patients

- Nurses emphasized feeling unable to form meaningful interpersonal connections and build trusting nurse-patient relationships when encountering language barriers.
- They described interactions as impersonal and task-oriented which negatively affected patients' care experiences.
- The inability to have open dialogues and show empathy through reflective listening also impacted rapport building.
- Some nurses perceived patients to be more anxious, resistant to care, or dissatisfied when unable to converse comfortably.

Risks to patient safety from miscommunication or lack of comprehension

- Overall, nurses identified potential safety risks arising from both impaired clinical communications and relationship gaps due to language barriers.
- Not fully understanding patients' concerns could lead to missed diagnoses, treatment errors, or complications if underlying issues were obscured by communication struggles.
- Patients might also suffer detrimental outcomes if they did not properly understand their discharge instructions.
- Nursing felt quality of care was suboptimal without open nurse-patient communication and education.

Survey Results on Language Barrier Occurrences and Impacts

The survey of 50 nurses revealed high rates of encountering language barriers:

- 76% reported frequent barriers, with 38% noting language discordance daily and 38% several times per week
- Only 12% said they rarely or never had issues
- 84% indicated language barriers occurred often with certain patient populations, especially South Asian (88%) and migrant worker (84%) patients
- Admission (86%) and discharge (78%) were identified frequently challenging interactions along with daily rounds (71%)
- Barriers were perceived often during both medical/surgical unit nursing (86%) and outpatient clinic visits (71%)
- No differences emerged based on nurses' ages or education levels

The survey also highlighted multiple communication difficulties created by language barriers:

- 86% of nurses noted the inability to understand patients' expressions of symptoms and concerns as a major barrier
- 76% could not adequately explain diagnoses, treatments, medications
- 58% had limited ability to teach self-care skills upon discharge
- 54% felt rapport-building was impaired
- 38% perceived taking health histories/intakes was difficult
- Overall, nurses averaged 3.5 types of communication challenges frequently encountered when patients had discordant language abilities

In terms of impacts, nurses described frustrations, inefficiencies, and worries about quality of care:

- 64% expressed frustration at inability to directly communicate with patients
- 54% felt needing interpreters reduced workflow efficiency
- 48% perceived patient care was compromised by language barriers
- 38% were dissatisfied with their quality of time spent at the bedside
- 28% noted increased stress and time demands trying to manage communications
- Nurses with 5+ years of experience more often indicated detrimental impacts on care quality and frustrations (p=0.02)

To address language barriers, nurses desired:

- Increased access to professional medical interpreters (82%)
- Ongoing training in effective cross-cultural and multilingual communication (68%)
- Expanded health education materials translated into diverse languages (62%)
- Language lessons to improve direct conversation abilities (38%)

In summary, both qualitative and quantitative results converged to demonstrate the significance of language barriers on nurse-patient communications and associated negative impacts on nursing care delivery and relationships.

## Discussion

This mixed methods study provides valuable insights on impacts of language barriers between nurses and patients in Saudi Arabia's multilingual healthcare environments. Both qualitative interviews and survey findings demonstrated how discordant language proficiency impedes clinical understanding of patients' concerns, reduces abilities to educate patients and develop interpersonal rapport, and contributes to nurse frustrations. These align with barriers reported internationally (Aldossary, 2018; Diamond et al., 2019). Survey results quantitatively underscored the frequent occurrence of language barriers and breadth of communication challenges for Hafr Al Batin nurses.

Communication gaps due to language differences can compromise patient-centered care, shared decision making, and health outcomes. Inability to discuss symptoms or explain treatment plans may lead patients to decline interventions or improperly manage health conditions after discharge. Patients who feel misunderstood also report lower satisfaction (Schryve, 2007). Equipping nurses with linguistic and cultural competency training and expanding interpretation resources are important strategies to address language-related communication barriers in Saudi Arabia's healthcare system.

There are limitations to acknowledge. The single-region focus may limit generalizability. Self-reported data is subject to recall biases. Directly capturing patient experiences could provide additional perspectives on barrier impacts. Overall, study findings highlight meaningful implications to support linguistically and culturally sensitive healthcare communication through practice, education, policy and research initiatives. Enhancing nurses' cultural knowledge, language skills, and access to interpreters can help mitigate communication challenges, promote safety and quality of care, and improve patient-provider relationships in Saudi Arabia's diverse healthcare setting.

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