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Management of language discordance in clinical nursing practice — A critical review

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ABSTRACT

Background: Language plays an essential role in the provision of nursing care, since successful communication is a vital prerequisite to being able to provide appropriate nursing care efficiently and effectively. It is not known what kinds of interventions are effective in overcoming language discordance in nursing practice.
Objectives: This critical review aimed to examine the interventions that are most successfully used to overcome language discordance in nursing.
Design: A critical review of the literature was performed and 24 relevant research papers were included.
Data sources: A search was carried out between January 2004 and September 2014 in MEDLINE, Cochrane Database of Systematic Reviews, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Psychinfo, Germanistic online, Pragmatis and Linguistic & Language Behaviour Abstracts (LLBA).
Review methods: Both authors independently screened the titles (n = 299), abstracts and full texts to decide which articles should be chosen. The inclusion criteria were: (1) articles examine the problem of language discordance in various health care settings and (2) articles published in English, German, French or Italian. Articles were included irrespective of their design. Data were analysed using the Critical Appraisal Skills Program Tool (CASP).
Findings: In total, 24 publications met the inclusion criteria. Most of the studies (n = 20) were focused on the nursing intervention of using an interpreter and three were describing the nursing assessment. The study designs of the included studies were mainly non-experimental studies, qualitative studies or reviews. The only suggested intervention described in the articles is the use of ad-hoc or professional interpreters for communicating with patients who do not speak the local language.
Conclusions: Health care institutions should provide more strategies for clinical practice to overcome language discordance.

1. Introduction

Language barriers will increasingly become a challenge for health care providers worldwide especially those providing home care services (Cameron, Carmargo Plazas Mdel, Salas, Bourque Bearskin, & Hungler, 2014; Thyli, Athlin, & Hedelin, 2007). This challenge is firstly due to the number of international migrants worldwide growing from 175 million in 2000 up to 232 million in 2013 (United Nations (UN), 2013) and secondly due to the shift of an older demographic (OECD, 2012). The combined effect of these two phenomena will be that the population within Europe will consist of a larger proportion of geriatric patients with diverse language backgrounds as well as a larger proportion of carers from different backgrounds (Roberts et al., 2007). According to Doenges, Moorhouse, and Murr (2013) language discordance is defined as an impaired delay of missing capability to receive, handle, pass and/or use signs from a system. Communication with patients and other service providers is fundamental for professional nursing care and has a crucial role in the nursing process due to the intimate contact and need for frequent time-intensive patient interactions (Abt-Zegelin, 2006). Through communication nurses assess patients and informal carer's beliefs and needs about their illnesses to develop care plans. If communication is difficult or impossible, then caring for patients is seriously compromised. The nursing process, a central concept in nursing theory and practice (Meleis, 2012), is closely linked with nursing diagnostics and delivering a structure for providing patient-centred care that is also effective and efficient (Doenges et al., 2013). The first step in the process is to comprehensively assess a patient's needs and history, which are then analysed by the nurse to make accurate nursing diagnoses. In cooperation with the patient (and/or significant others if communication with the patient is impaired or impossible), expected outcomes and priorities are determined and nursing interventions planned. Throughout and after the interventions, the nurse continually evaluates whether the actions being taken are leading or have led to the expected outcomes and whether the nursing diagnoses still comprehensively describe the patient's situation. Nursing diagnoses, expected outcomes and required interventions are modified as needed. At all stages of the nursing process, communication with the patient is vital in planning and providing appropriate care to meet the patient's particular needs. The complexity of human experience precludes the

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assumption that nurses can know patient's needs based solely on their own experiences, technical knowledge or even objective data such as a physical examination (Lunney, 2007).

The diverse communication needs of healthcare situations, such as interactions with the chronically ill, can be very complex and place high demands on the multidisciplinary team involved. Differences in the language spoken by nurses and patients increasingly threaten the quality of nursing care due to incomplete nursing assessments, misunderstood medical information, and lack of a trusting therapeutic nurse–patient relationship (Schim, Doorenbos, Benkert, & Miller, 2007; Ulrey & Amason, 2001).

Evidence from published literature suggests that language discordance in acute care settings can reduce the quality of healthcare services (Abt-Zegelin, 2006; Bischoff & Steinauer, 2007; Lenthe, 2011). Patients, their relatives, and professionals report that language barriers are a key challenge for the delivery of appropriate healthcare. Communication is a prerequisite for a cooperative partnership between a healthcare provider and the patient because it facilitates and supports processes that ensure the provision of needs-based care (Abt-Zegelin, 2006; Schim et al., 2007). The impact of language discordance in clinical practice does also have an impact on patient safety. Additionally patients with language discordance have less hospital follow-up (Sarver & Baker, 2000) and poorer adherence in taking medication results in poorer health status (David & Rhee, 1998; Karliner, Kim, Meltzer, & Auerbach, 2010). These patients are also more likely to decline preventative services, such as clinical breast exams (Jacobs, Karavolos, Rathouz, Ferris, & Powell, 2005). Research demonstrates that clinical examinations are often conducted both with and without ad-hoc interpreters (Hampers, Cha, Gutglass, Binns, and Krug, 1999; Hampers & McNulty, 2002). Bernstein and colleagues describe in their study that patients with language discordance perceive that less examinations are performed and less medications are prescribed.

In most healthcare situations, patients are in a physician's practice or a hospital and have to cope with an unfamiliar, institutional setting in which the medical professionals are surrounded by a supportive infrastructure. If communication is compromised or blocked by the lack of a shared language, multilingual support staff might be called on, if available, or patients might bring in relatives, neighbors, or friends to serve as ad-hoc interpreters. These solutions can be problematic for many reasons, including difficulties with the transmission of information or the interpretation of health status, which are well documented in studies on physician–patient communication (Apfelbaum, Bischoff, Meyer, & Pöchhacker, 2003; Pöchhacker & Shlesinger, 2005) as well as in studies on interactions with local authorities, police, and social services.

As communication difficulties are predicted to become more prevalent in the future, researchers are beginning to investigate the problem in institutional settings such as hospitals, resulting in the proposal of some potential solutions. These solutions have in some cases been evaluated and implemented. According to the authors it is not known what kind of interventions are effective in overcoming language discordance in nursing practice. This review aims to critique clinical practice as reported in the literature and examine the interventions that are most successfully used to overcome language discordance in nursing practice.

Research questions:

- What components of the nursing process are compromised by language discordance?
- What interventions are used successfully to overcome language discordance in nursing practice?

2. Design

2.1. Search strategy

This critical review has been conducted based on the framework of PRISMA Checklist (2009). An electronic database search for the period between January 2004 and September 2014 was conducted of the seven medical and linguistic databases MEDLINE, Cochrane Database of Systematic Reviews, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Psychinfo, Germanistic online, Pragmatis and Linguistic & Language Behaviour Abstracts (LLBA).

Free text and where available subject heading searches were conducted using the following search terms: "language," "discordance", "barrier(s)," "nursing," "outpatient," and "community". All the word variations and MeSH terms were used. The review was guided by the questions: What interventions are used to overcome language discordance in clinical practice? The following inclusion criteria were used: Articles examine the problem of language discordance in various health care settings and articles published in English, German, French or Italian. Articles were included irrespective of their design. Excluded were articles discussing patients with severe speech disturbances. The total number of titles, abstracts and full texts found through the search and selection processes is presented in Fig. 1.

SP and a research associate independently screened the titles and decided which abstracts should be chosen. Disagreements were resolved through discussion. The abstracts (n = 299) were screened independently. Rejected were duplicates (n = 111), articles in a foreign language other than English, German, French or Italian (n = 8) and articles where the full text (n = 4) was not accessible. 176 full text articles were evaluated. Of these 151 articles were excluded due to various reasons like cross-cultural languages and research or comments. Finally, 24 articles met our inclusion criteria and were chosen for review (Fig. 1).

2.2. Quality of the articles

All studies included in this review were evaluated by one reviewer (SP) with close continuous support by LI. Quality of the selected articles was assessed using the Critical Appraisal Skills Program Tool (CASP). In doing so the following main questions were: Are the results of the study valid? What are the results? Will the results help locally? Selection process was not described in most articles. Hence, selection bias is difficult to assess. None of the articles reported how language skills were assessed resulting in an unknown degree of information bias. Therefore it is impossible to directly compare the results of these articles. Essential results from the evaluation were written into a matrix.

3. Results

3.1. Included studies

In total 24 articles met the inclusion criteria and were chosen for this review. Four studies were describing the nursing assessment and the others were focusing on the nursing intervention of using an interpreter. The population reported was representing immigrant-patients (n = 2247), patients speaking Spanish or other foreign languages including, Arabic, Chinese, Hebrew, Russian, Serbo-Croatian or Vietnamese, nurses (n = 1409) and other health care professionals like general practitioners (n = 68). Thirteen studies were conducted in an acute care setting, three in a community care setting and another seven in various other settings like voluntary health care sector, outpatient clinics or the setting is not defined. Most of the studies (n = 11) were from Europe, with five from Sweden, two from Norway, two from Switzerland, and one from Wales and Ireland. Nine studies were from North America (n = 7 from the United States, n = 2 from Canada) and one from Australia, China, Iran and Israel. Characteristics of the studies are described in Table 1.

3.2. Language discordance and the nursing process

Language discordance is implicated as a reason for decreased explanation of prevention measures, lower rate of seeking preventive health services; increased rate of side effects of medications, decreased question-asking behaviour, decreased patient recall and lower patient