G Model
PEC 5610 No. of Pages 7

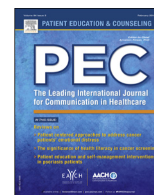
ARTICLE IN PRESS

Patient Education and Counseling xxx (2016) xxx–xxx

Contents lists available at ScienceDirect

Patient Education and Counseling

journal homepage: www.elsevier.com/locate/pateducou



Language barriers and professional identity: A qualitative interview study of newly employed international medical doctors and Norwegian colleagues

Erik Skjeggestad[a,b,*], Jennifer Gerwing[c], Pål Gulbrandsen[b,c]

[a] HØKH, Health Services Research Unit, Akershus University Hospital, Pb.1000, 1478 Lørenskog, Norway
[b] Institute of Clinical Medicine, Campus Ahus, University of Oslo, Oslo, Norway
[c] HØKH, Health Services Research Unit, Akershus University Hospital, Lørenskog, Norway

ARTICLE INFO

Article history:
Received 15 August 2016
Received in revised form 3 March 2017
Accepted 3 March 2017

Keywords:
International medical graduates (IMGs)
Cross-cultural teamwork
Language barriers
Professional identity

ABSTRACT

Objective: To explore how language barriers influence communication and collaboration between newly-employed international medical doctors and Norwegian health personnel.
Methods: Interviews were conducted with 16 doctors who had recently started working in Norway and 12 Norwegian born health personnel who had extensive experience working with international medical doctors. Analyses were consistent with principles of systematic text condensation.
Results: All participants experienced that language barriers caused difficulties in their everyday collaboration. Furthermore, the participants' descriptions of "language barriers" encompassed a wide range of topics, including semantics (e.g., specialized professional vocabulary, system knowledge), pragmatics (e.g., using language in doctor-patient and interprofessional interactions), and specific culturally sensitive topics. All participants described that language barriers provoked uncertainty about a doctor's competence.
Conclusion: Newly employed international medical doctors and their colleagues are concerned by ineffective communication due to language barriers. Experiences of language barriers threaten professional identity as a competent and effective doctor.
Practice implications: Newly employed doctors who are non-native speakers could benefit from support in understanding and handling the array of barriers related to language.
© 2017 Elsevier B.V. All rights reserved.

1. Introduction

A significant number of doctors leave their homeland to work in other countries [1,2]. In Norway, approximately 16% of practicing medical doctors hold foreign citizenship, with international medical graduates (IMGs) comprising a significant proportion of the GP workforce [3] and representing approximately 25% of senior doctors in hospitals [4]. IMGs have become an important resource for Norwegian health services, similar to other European countries [2], USA, Canada and Australia [1]. Doctors from EU/EEA countries are not subject to national language requirements due to the principle of free movement of labor. Most IMGs in Norway are from Germany and neighboring Scandinavian countries [5]; however, 3.5% of practicing doctors are from countries outside the EU and must take a high-level Norwegian language examination for authorization. Ultimately, the employer is responsible for ensuring that their healthcare personnel has adequate language skills. Still, IMGs often have some degree of language difficulty, whether they come from countries neighbouring Norway or from ones that are geographically and/or culturally distant [6–9].

International research has shown that IMGs often experience language barriers [7,10–14] and find that their new patients and colleagues have different expectations regarding professional communication compared to what they have learned and practiced in their homeland [6–9,11]. Schwei et al. [15] reviewed the literature regarding language barriers in health care concluding that the topic is well explored and that "researchers worldwide should move away from simply documenting the existence of language barriers". However, they also state, "language barriers adversely affect 'quality of care; and patient and provider satisfaction' among other things, calling for more research to understand and rectify such barriers in health services. Indeed, Lineberry's review of educational interventions for IMGs [14]

* Corresponding author at: HØKH, Health Services Research Unit, Akershus University Hospital, Pb.1000, 1478 Lørenskog, Norway.
E-mail addresses: erik.skjeggestad@ahus.no, erik.skjegg@gmail.com (E. Skjeggestad).

http://dx.doi.org/10.1016/j.pec.2017.03.007
0738-3991/© 2017 Elsevier B.V. All rights reserved.

Please cite this article in press as: E. Skjeggestad, et al., Language barriers and professional identity: A qualitative interview study of newly employed international medical doctors and Norwegian colleagues, Patient Educ Couns (2017), http://dx.doi.org/10.1016/j.pec.2017.03.007

states that the literature on how IMGs learn language skills is insufficient, pointing to a need for interventions to accommodate language barriers.

To understand the implications of practicing health care in a new language, it is important to be aware of the challenges healthcare professionals encounter when immigrating. In general, immigrants report that both the knowledge and the status they had achieved in their home countries have less value in their new countries [16,17]. These and other experiences of loss are common, as are a lack of knowledge about their new host country and its health care services [18]. Far from being immune to these challenges, IMGs who begin their careers in a country other than the one in which they were educated find that it can be demanding, and, for some, it can cause emotional stress and loss of self-esteem [10,19–24]. Language barriers and other acculturation stress factors could threaten the IMGs' professional identity. The concept of professional identity (i.e., a person's experience of understanding and mastering his or her profession, possessing adequate knowledge, and applying that knowledge to their work) has become central to medical education [25,26]. A key element of professional identity is the individual's perception of their own professionalism [26] or "sense of being professional" [25,27]. This perception is neither inherent to the individual nor static; it is an ongoing process [26] related to one's experience of being able to interact effectively with one's environment [28]. In addition, acculturation stress affects the IMGs' ability to adapt to their new surroundings [20], probably including learning a new language and dealing with language barriers.

This study explores the issue of language barriers using semi-structured interviews with newly-employed IMGs and native Norwegian health providers. This study was explorative, aimed at enlightening experiences and views on everyday professional collaboration. A persistent theme was the wide spectra of experiences of language barriers, in particular how these language barriers could influence the IMGs' sense of self and ability to provide quality healthcare.

2. Methods

To gain insight into experiences of working relationships between native Norwegian health providers and new IMGs (who would be unfamiliar with the Norwegian health care system and practicing in the Norwegian language), we planned qualitative interviews. Our intention was to work inductively to explore and present health providers' experiences and views about a topic we know concerns health providers, patients, and government administration. We conducted semi-structured interviews that focused on the participant's background, personal experiences of collaboration between IMGs and Norwegian providers, and the meaning people associate with these experiences [29]. Consistent with a phenomenological interview approach, we placed emphasis on the description of specific personal experiences rather than on general comments [30].

2.1. Participants and data collection

Twenty-eight participants were recruited: 16 IMGs (who had been working in Norway between a few months and 2 years) and 12 Norwegian medical doctors and nurses who had extensive experience working with IMGs. Participation was anonymous, both because it can be difficult for people to speak freely about sensitive topics, such as experiences and feelings [30] and because the study involved exploration of incidents that health personnel often find difficult to talk about [31]. IMGs were recruited from the National Health Personnel Registry of doctors who had been given Norwegian authorization or license. This also allowed a purposive sampling strategy to ensure sufficient variation on factors that could influence their experience of coming to Norway as an IMG (i.e., participants' age, sex and nationality; see Table 1). Eighteen IMGs were contacted by phone. All were willing to participate; however, two were geographically too far away to participate in a face-to-face interview. The remaining 16 IMGs were from all parts of the country and their position ranged from intern to specialist. Other main findings of this IMG study have been published previously [19] with this paper focusing on the aspect of language barriers.

The Norwegian health care professionals were recruited through the researchers' own professional networks. Although not all responded to the initial contact about participation, all 12 who did and heard more about the study agreed to participate. This group of colleagues had experience collaborating with several hundred IMGs in different hospitals and community services throughout Norway. For both interview groups, recruitment was stopped when participant diversity was reached in terms of gender, work experience, and place of work (Tables 1 and 2), and when the data collected was deemed to consist of a purposive amount of relevant descriptions.

The first author conducted the interviews, which lasted from 30 to 90 min. All interviews were audiotaped and transcribed in full text by first author. After the interviews, participants were given the opportunity to contact the researchers with any Supplementary information and to read and comment on their interview transcripts. Data also consisted of the interviewer's notes about topics, such as his experience of the interview and language challenges affecting the interviews.

2.2. Analysis

Malterud's method for systematic text condensation (STC) was used, as it is suitable for the analysis of meaning and content [29,32]. STC is inspired by Giorgi's descriptive phenomenological method in psychology [33] and is empirically based and suited for inductive analyses intended to develop descriptions of a field across a dataset. In this case, the field was the experience of being a new IMG in Norway and of collaboration with new IMGs. To ensure quality and trustworthiness in the analysis, PG and ES read all transcriptions and met to discuss, code and synthesize results from the interview data, according to the STC method [29,32]. Other researchers (e.g. JG) reviewed analysis to ensure the relevance of

Table 1
Demographic characteristics of the study sample – IMG participants (N = 16).

Nationality (4 reported double citizenship)	
Scandinavian	4
EU	4
Russia/Former U.S.S.R	3
South and Central America	3
Asia	3
Africa	2
USA/Australia	1
Gender	
Women	9
Men	7
Age	
20–30	5
30–40	8
40+	3
Place of work	
Public or private hospital (5 different)	8
General practitioners/municipal health service	5
Currently unemployed (Was working in Norway recently)	3
Last or current type of position	
Specialty registrar or doctor in the primary health services	7
Hospital specialist	5
Foundation doctor	4

Download English Version:

https://daneshyari.com/en/article/5681892

Download Persian Version:

https://daneshyari.com/article/5681892

Daneshyari.com