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Speaking my patient's Language: Providing language concordant care to patients with limited English proficiency

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With an increase in the internal and external migration and mobility of people from/to different parts of the world, the likelihood of experiencing language barriers while providing and receiving care has augmented.

Nurses are responsible for providing care to patients regardless of their culture, religion, ethnic background or language. Language barriers, however, are hurdles that hamper development of effective communication between nurses and patients. Eliminating language barriers is a crucial step to providing culturally competent and patient-centred care.

Aim:

The present study was conducted to explore current communication practices of bilingual nurses when caring for patients from a shared linguistic background and to identify barriers and facilitators to the provision of language concordant care.

Methods:

Fifty nine nurses, working in various acute NHS trust hospitals contributed to the study through 26 individual in-depth interviews and three focus group discussions. The data were analysed using thematic analysis. A documentary review of interpretation and translation policies of 30 acute NHS Trust was also undertaken. A finding consolidation workshop was conducted to share findings and seek feedback from a group of 26 individuals working in various NHS organisations.

Findings:

Three themes: 'current situation and my perspective'; 'when we speak the same language'; and 'what helps or hinders' were identified. These themes describe participants' views about language concordant communication in clinical practice, its usefulness and impact on patients and nurses themselves.

Factors that have an impact on nurses' ability to provide language concordant care include individual factors such as confidence; years of experience as a nurse; years of experience in the work setting; and relationship with colleagues. Other factors affecting nurses' ability to provide language concordant care included expectation of patients with LEP were attitudes of other patients; attitudes of nurse colleagues; attitudes of managers; organisational culture; and organisational policies.

