Nurses' Experiences of Cultural and Language Barriers to Patient Safety and Quality Care during the Hajj Season

Mohamed S. Paredath[1], Faisal A. Alasmari[2], Mohamed S. Mayinkanakath[3]

[1]Nursing Research and Evidence Based Practice Department, King Abdullah Medical City, Makkah, Saudi Arabia.
e-mail: shahidparedath@gmail.com
[2]Nursing Research and Evidence Based Practice Department, King Abdullah Medical City, Makkah, Saudi Arabia.
e-mail: fam1423@hotmail.com
[3]Nursing Quality and Patient Safety Administration, King Abdullah Medical City, Makkah, Saudi Arabia.
e-mail: saleemkamc111@gmail.com

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ABSTRACT

Context: Language and cultural barriers between patients and nurses can contribute to patient safety, dissatisfaction, and poor quality of care, especially with Hajj patients. Effective communication between patients and nurses is key to safe and quality nursing care. Multicultural and multi-language barriers stand in the way of this effective communication, so an in-depth study is needed to describe this phenomenon based on nurses' perspective.

Aim: This research aims to identify issues and challenges related to the cultural and language differences between patients and nurses during the Hajj season and to describe nurses' experiences in providing care in a multicultural and multi-language healthcare setting during the Hajj season.

Methods: Qualitative descriptive design. Five Hospitals in Makkah Health clusters were selected for this study. A purposive sample of 50 nurses was recruited for this study. Data collection Procedure including Audio-recorded interview using semi-structured questionnaires.

Results: Most participants identified language differences in their caring experience for Hajj patients. Because the participants felt unable to communicate with patients effectively, the language barrier affected nursing care. Despite the challenges of taking care of patients with different cultures, the majority of the staff feel it is a good experience for them. The last major theme identified in the study was the understanding of trans-cultural nursing. Most participants were honest enough to tell that they do not know at all that transcultural nursing means. Some participants were familiar with the term but were unsure what it meant or how to explain it, and a few knew the term and its concept.

***Conclusion*:** As a result of the language barrier, nurses had difficulty communicating with patients effectively. Providing an interpreter or translator, seeking assistance from the patient's relations officer, and using technology such as Google Translate to address this issue are all possible solutions. The study recommends addressing the cultural barriers, all the nurses should attend the education and training on trans-cultural nursing in advance for the staff chosen to work during Hajj.

Keywords: Nurses experience, cultural, language barriers, quality care, Hajj season

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1. Introduction

The Kingdom of Saudi Arabia is considered a rendezvous of multiple races due to foreign labor hiring and the annual Hajj pilgrimage for Muslims worldwide. These circumstances present nurses with everyday challenges in providing safe and high-quality nursing care while considering their patients' different requirements, especially at the peak of the Hajj season. *Ministry of Health (MOH) (2022)* reported that the majority of Saudi Arabia's healthcare professionals, including nurses, are expatriates from nations with diverse cultural backgrounds, including the Philippines, India, Malaysia, Australia, the United Kingdom, the United States, South Africa, and other Middle Eastern nations. *(Ministry of Health (Saudi Arabia, 2022; Country Cooperation Strategy for WHO and Saudi Arabia 2012 - 2016).*

Many healthcare experts think that communication is beneficial when it responds to the patient's requirements, values, and preferences. Language barriers, inadequate health literacy, and cultural variations are some of the factors that affect this communication *(Stewart, 2001).* The language barriers, cultural diversity of a patient population, and the lack of effective communication can impose an increased risk on an individual's health, so if healthcare providers are not trained on how to adequately handle a multilingual, multicultural encounter, the culturally incompetent healthcare workers frequently use their own culture as a model for how to engage with patients and treat their illnesses *(Almutairi et al., 2013).*

Another element contributing to patient discontent and poor care quality is cultural miscommunication between patients and healthcare professionals, primarily expatriates. Saudi Arabia's culture is a distinctive blend of Arabic and Islamic influences *(Almutairi & McCarthy, 2012).* Multinational staff can also hinder effective communication *(Bladd J., 2008).*

Cultural competency is defined as the strive of healthcare professionals to work effectively within the cultural framework of an individual patient, family, and community

[1]*Correspondence author: Mohamed Shahid Paredath*

(Campinha-Bacote, 2002; Campinha-Bacote, 2011). It is the explicit application of culturally based care and health knowledge to meet the requirements of individuals or groups for their health care in a sensitive, original, and meaningful way *(McFarland & Wehbe-Alamah, 2019).*

Working within the healthcare system is a challenge for the nursing staff in terms of learning about various cultures and fostering more cultural sensitivity and competency *(Collins, 2006).* According to *Lindholm et al. (2012),* the three most critical occasions where interpreters are strongly advised are admission, discharge, and patient education. These have a significant role in lowering the danger of disparity and readmission to the hospital. Medication, nutrition, and exercise recommendations should always be delivered to patients in their preferred language.

Some solutions to cultural and language barriers were recommended in the literature, such as automated translation and interpretation services, smartphones, or computer-assisted real-time translators (CART). Another beneficial method for individuals with limited literacy, regardless of their first language, is to provide graphical signage and non-text material such as educational videotapes and audiotapes *(Squires, 2018; National CLAS Standards, 2013).*

Van Rosse et al. (2016) concluded that the language barrier was a risk to the quality of hospital care. Several studies emphasized a lack of adequate measures to manage the language barrier. However, only some European studies were conducted on the link between language proficiency and patient safety. Furthermore, new methods of overcoming language barriers are required for situations where a formal or informal translator is unavailable, such as routine safety checks performed by nurses.

Critical care nurses reported difficulty communicating because of language barriers in a descriptive phenomenological study by *Halligan, (2006).* Patients were eager to talk in their language to nurses, even though they realized that the nurses did not understand. Moreover, *Aljadhey et al. (2014)* found that healthcare professionals and patients have language barriers in communication. Healthcare providers have varying languages and backgrounds, which makes medication safety practices more challenging.

Leininger advocated for nurses dealing with clients from other cultures to broaden their cultural perspectives on health and included transcultural nursing into the curriculum of nurse education programs in the 1960s *(McFarland & Wehbe-Alamah, 2019). Douglas and Lipson (2008)* stated that foreign nurses with diverse cultural and linguistic backgrounds dominate Saudi Arabia's healthcare system. It is challenging for nurses in this culturally diverse environment to demonstrate cultural competence within the context of the expectations of the Saudi culture and those of each other *(Almutairi et al., 2014).*

2. Significance of the study

Nearly 70% of the nurses in Saudi Arabia are expatriates. Although they may not all be fluent, English became their common language because most foreign nurses do not speak Arabic. As a result, there are communication issues between nurses and patients who speak Arabic as their first language but not necessarily English *(Lindholm et al., 2012; Graham et al., 2011; Almalki et al., 2011).* On May 2014, a comprehensive systematic review was done to locate published articles. These review studies indicate a communication barrier between patients and healthcare workers, such as healthcare workers' low cultural competency; despite government initiatives to provide programs for expatriate healthcare workers, more educational and awareness-raising initiatives regarding Saudi Arabia's culture and language are still required *(Almutairi et al., 2014).*

Patients' safety, dissatisfaction, and poor care quality may be impacted by cultural miscommunication between patients and expatriate healthcare providers, especially with Hajj patients. Safe and quality nursing care depends on effective communication between patients and nurses. It is necessary to study this phenomenon in detail based on nurses' experiences since multicultural and multilingual barriers stand in the way of effective communication. This paper will serve as a reference in the future to improve patient safety and quality care in a multilingual and multicultural healthcare environment. The present study presents a unique and rare situation in which a multicultural health provider provides care to a multicultural patient.

3. Aim of the study

The goal of this research is to identify issues and challenges related to the culture and language differences between patients and nurses during the Hajj season and to describe nurses' experiences in providing care in a multicultural and multi-language healthcare setting in the Hajj season

4. Subjects & Methods

4.1. Research Design

This study employed a qualitative descriptive design. Within the context of the investigation, the participants' actual experiences were described *(Creswell & Poth, 2018).*

4.2. Study setting

This study was carried out at five Hospitals in Makkah Health clusters, including King Abdullah Medical City, Al Noor Specialist Hospital, King Faisal Hospital, King Abdul Aziz Hospital, and Ajyad Emergency Hospital. These hospitals have different specialties and are responsible for admitting Hajj patients.

4.3. Subjects

A purposive sample of 50 nurses working during the Hajj season. Data were collected using a semi-structured interview approach to the point at which new data appears to no longer add to the findings because of the participants' repeated use of themes and comments, known as thematic saturation. It was planned to choose people with the most variation (in terms of gender, age, and years of experience during the Hajj season) to collect profound and comprehensive data. Nurses who had been working during the Hajj period and who were willing to contribute to the study were eligible to participate. Nurses who were not

present at the time of data collection and unwilling to participate in the study were excluded.

4.4. Tools of data collection

4.4.1. Semi-Structured Interview Questionnaire

For data collection, based on the initial interviews with the organization's experts, a survey instrument was created to help better grasp the situation and the factors at work. Reference was made to a few standardized questionnaires *(Almutairi, 2015),* and specific survey questions were developed based on the requirements of the current scenario. The data from the semi-structured interviews were attempted to explain participants' opinions.

The survey tool consists of two sections: Section A represents the participants' demographic details. Section B included 12 semi-structured interview questions reflecting the experience of staff nurses on multicultural and multi-language barriers concerning patient safety and quality care.

4.5. Procedures

Interviews: A researcher with expertise in qualitative research did the interviews. No prior relationship between the nurses and the researcher. However, the head nurses were the ones who introduced the nurses to the researchers. The investigators conducted the audio-recorded interviews using a mobile phone, and they did so until data saturation was achieved. Due to each participant's hectic clinical duties, a suitable timetable for the interviews was established in order for them to be approachable and provide accurate descriptions of their interactions. Each interview lasted 20 to 30 minutes. The interviews were conducted with the interview guide from *Krueger and Casey (2015).*

Ethical Considerations: After official permission from IRB, the aim of this study and the procedures was explained to the nurses to obtain their cooperation. They were asked to sign an informed consent form if they were willing to participate. The survey contained an information section outlining the study's objectives and goals to get their assistance, as well as its ethical considerations. The survey was anonymous. This procedure allowed the researcher to protect the participants' privacy and anonymity. Following the introduction, the researchers asked study subjects to participate in 20-30 minutes of semi-structured interviews, which were audio-recorded and transcribed.

4.6. Limitations

There were some limitations to this research that should be noted. One limitation of the current study was that it only looked at nurses' perspectives; thus, additional research should look at physicians' perceptions of language and cultural barriers that might affect the quality of care and patient safety. The effectiveness of the interventions to overcome language and cultural barriers could not be assessed because the patients could not participate in this study. Thus, further studies are needed in other cultures or settings to make the results more generalizable.

4.6. Data Analysis

Each interview's components were typed and transcribed. Each transcription was checked against the original recordings to ensure accuracy. The researchers read through the transcripts to completely understand the data. They listened to each tape several times while extracting pertinent information, coding redundant information, and organizing it into themes. The data were analyzed using a standard qualitative content evaluation approach.

The researcher chose the parts of the discussions related to the nurses' experiences of multicultural and multi-language barriers to patient safety and quality care during the Hajj season. The researchers completed their assessments, and then they got together to discuss their findings and understand the prevailing themes. The descriptions of the quotes were narrative and perceptive, capturing the essence of the information. The researchers then merged, rearranged, and compiled these words into qualitative themes that they believed would give a precise and comprehensive explanation of the nurses' experiences *(Corwin & Clemens, 2020).*

5. Results

Table 1 illustrates that the majority of the participants' age was between 29-34 years (44%), remaining more than 34 years (36%), 24- 29 years (18%), and 20-24 years (2%), respectively. In terms of total nursing experience, most of the participants have 11-15 years of experience (34%), the remaining 6-10 years (30%), above 15 years (18%), and 1-5 years (18%), respectively. Coming to the years of experience in the Hajj season, most of the participants have 5-9 years of experience (36%), the remaining 1-4 years (34%), 10-14 years (20%), and above 15 years (10%) respectively. Most of the participants' nationalities were from the Philippines (34%), remaining Saudi and Indians (20%), Egyptians (8%), Pakistan (6%), and others (10%), including Sudan and Malaysians, respectively. Regarding working hospitals, the participants were from King Abdul Aziz hospital (24%), King Abdullah Medical City (20%), King Faisal Hospital (20%), Ajyad Emergency hospital (20%), and Al Noor Specialist Hospital (16%) respectively.

Figure 1 represents the gender of the participants. Most participants were females (88%) and males (12%).

Figure 2 illustrates the participants qualification, that most of the participants (84%) have bachelor's degrees in nursing, remaining having diplomas (12%) and master's degrees (4%).

Table (1): Frequency and percentage distribution of demographic and general characteristics of the study population (n=50).

Variables	No.	%
Age		
20-24 years	1	2
24-29 years	9	18
29-34 years	22	44
More than 34 years	18	36
Total nursing experience		
1-5 years	9	18
6-10 years	15	30
11-15 years	17	34
Above 15 years	9	18
Total nurses' experience in nursing		
1-4 years	17	34
5-9 years	18	36
10-14 years	10	20
Above 15 years	5	10
Nationality		
Saudi	11	20
Egyptian	4	8
Indian	10	20
Pakistani	3	6
Philippines	17	34
Other (Sudan, Malaysian)	5	10
Working hospital		
King Abdullah Medical City	10	20
Al Noor Specialist Hospital	8	16
King Faisal Hospital	10	20
King Abdul-Aziz Hospital	12	24
Ajyad Emergency Hospital	10	20

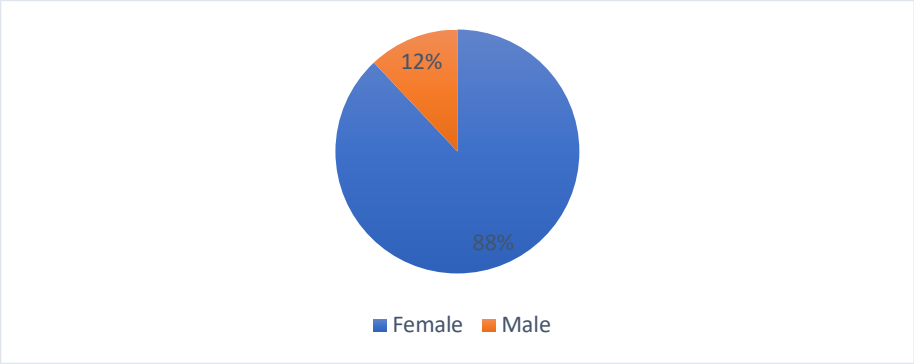

Figure (1): Percentage distribution of participants' gender (n=50).

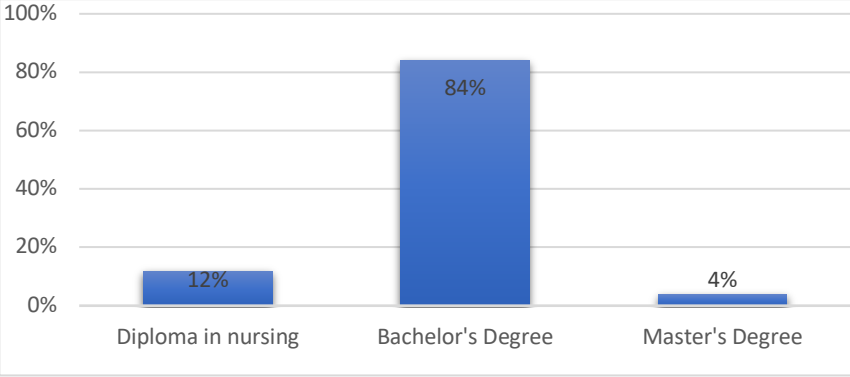

Figure (2): Percentage distribution of participants' educational qualification (n-50).

The categories and major themes that were identified and were part of the nurses' experiences when caring for hajj patients included:

- Language challenges.
- Cultural differences.
- Understanding transcultural nursing.

The sub-categories identified that were part of the nurses' experiences when caring for hajj patients included:

Language challenges

- Understanding of patients' basic requests.
- Explanation of procedures to patients.
- Explanation of visiting hours.
- Explanation of updates on the patient's condition to visitors or responsible Hajj company.

Cultural differences

- The hajj patients' lifestyle, values, and traditions.
- Hajj patient hygienic habits and practices.
- Level of education.

Understanding Trans-cultural Nursing

- The definition and concept of trans-cultural nursing.
- Application of trans-cultural nursing during Hajj.
- Further study of trans-cultural nursing.

Table (2): Nurses' Experience on Multicultural and Multi-Language Barriers in Patient Safety and Quality Care During the Hajj Season:

Theme	Subtheme
Language challenges	- Understanding of patients' basic requests - Explanation of procedures to patients - Explanation of visiting hours - Explanation of updates on the patient's condition to visitors or responsible Hajj company
Cultural differences	- Experience caring for Hajj patients - Cultural Differences between Hajj patients - Care of patients with different culture
Understanding transcultural nursing	- The definition and concept of trans-cultural nursing - Application of trans-cultural nursing during hajj - Further study of trans-cultural nursing

First major theme was language challenges. Participants acknowledged the language barrier as a hindrance in caring for Hajj patients during the hajj season. The language barriers include misunderstanding patients' basic needs (like mobilization or pain), difficulty explaining procedures to the patients or family, inability to explain visiting policy, and inability to explain changes in the patient's conditions to visitors. Besides, due to the language barrier, it may have been difficult to provide simple instructions before scheduled procedures or surgery, arrange for discharge, and provide health education. Some participants noted using terms in Arabic or Basic English but were unsure of the patients' comprehension levels.

With the above-mentioned language barrier issues, the participants' solutions in dealing with them and in order of priority are divided into three solutions: Asking for an interpreter/translator, asking for help from the patient's relations officer, and using technology such as Google translate on the internet. Gaining patients' trust despite the language gap is through using non-verbal therapeutic communication (like smile or touch), reported by 91% of the participants, and 9% will ask for the help of a translator to build this trust.

Despite this issue of concern regarding the language barrier in caring for Hajj patients, it is good to note that according to all participants interviewed regarding the incidence of negligence or near harm due to misunderstanding the patient's message, 75% reported no incident at all. Only 25 % are minor (describing pain or mobilization) and claimed otherwise.

The second major theme was cultural differences. Most participants claimed that taking care of Hajj patients was a good experience for them, and 35% of them said it was a challenging experience, with only 1 participant reporting it was a bad experience for her. Some participants indicated that working in the KSA differed from what they had expected and that caring for patients here differed from caring for patients in their home country. They remarked that there were significant linguistic and cultural barriers compared to what they were used to using. Moreover, 64% of the respondents think patients from different cultures should care differently, and 34% disagreed. The participants verbalized that, indeed, taking care of patients with different culture need some adjustment in the approach of care and that respect for the culture is the most priority. On the other hand, many participants argued that nursing care is the same for all patients since quality care and safety know no culture or language.

The third major theme was understanding transcultural nursing. Most participants mentioned that the term "trans-cultural nursing" is familiar, but they are unsure what it means. The majority of the participants were honest enough to confess that they do not know at all what trans-cultural nursing means. The interview participants were confident and eager to elaborate on some of their claims. When queried, the participants mentioned that they encountered minor difficulties in caring for Hajj patients, which is why they feel they are culturally competent nurses. Most participants echoed education, courses, or training to be culturally competent and with some suggesting the presence of translators in order to be culturally competent. It is also worth mentioning that most staff answered that respect for other cultures is a must and that patients should be treated equally regardless of culture or nationality.

6. Discussion

The outcomes of the research in which nurses who have experiences with Hajj patients were interviewed through in-depth qualitative approaches. The results of this study have answered the research aims, which have been supported by previous literature. This research aims to identify issues and challenges related to the cultural and language differences between patients and nurses during the Hajj season and to describe nurses' experiences in providing care in a multicultural and multi-language healthcare setting during the Hajj season.

According to the findings, language difference was mentioned by most of the participants in their experience when caring for hajj patients. The language barrier influenced nursing care as the participants felt unable to communicate effectively with patients. The language barriers comprise misunderstanding of patients' basic requests (like mobilization or pain), the inability to explain procedures to the patients, difficulty explaining changes in the patient's conditions to visitors, inability to explain visiting hours, and simple instructions before planned interventions or surgery, discharge planning, and health education might have been neglected because of the language barrier.

This finding is consistent with a descriptive phenomenological study by *Halligan (2006),* language barriers made communication among critical care nurses challenging. These challenges were viewed as a significant barrier to establishing a positive patient-provider interaction. Nurses pronounced that despite knowing that the nurses did not understand them, patients were eager to communicate with them in their language. These results also align with an explorative qualitative study by *Aljadhey et al. (2014).* The challenges to existing medication safety standards include the multilingualism of healthcare staff and patients and their diverse backgrounds.

Based on a study by *Elder and Dovey (2002),* language barriers, apart from improper clinical management, lead to avoidable adverse events in healthcare settings. Addressing this communication problem is a significant factor in creating hazards and preventive strategies such as organizational safety and may reduce healthcare costs because of the decline in medical errors and increased access to preventive maintenance *(Jacobs et al., 2004).*

This finding explained the participants' solution to language barriers and, in order of priority, are divided into three solutions: Asking for an interpreter/translator, asking for help from the patient's relations officer, and using technology such as Google translate on the internet. These opinions are supported by a study that all employees should be fully aware of existing language assistance services (telephone, in-person, or video interpreter services; or translated materials), and they must be helped to choose and use the best one that fit the target situation *(Regenstein et al., 2013).*

More studies supported translators' importance and mentioned that medical interpreters can also serve as cultural brokers, regardless of facilitating communication between patients and healthcare providers. In addition, other studies explained that interpreter services are the best way to overcome the language barrier when no other option is available. New live video interpreting solutions are also entering the market and could eventually displace telephone interpreters. Most computer applications currently lack the sophistication required to translate the healthcare language *(Betencourt et al., 2012; Dohan & Levintova, 2007; Hilfinger Messias et al., 2009; Lo, 2010).* A research group in 2014 found that Google Translate had only 57.7% accuracy when used for medical phrase translations *(Patil & Davies, 2014).*

The current study's findings also mentioned that gaining patients' trust despite the language gap is through the utilization of non-verbal therapeutic communication (like smile or touch) reported by 91% of the participants, and 9% will ask the help of a translator to build this trust. As per the research by *Almutairi (2015),* therapeutic non-verbal communication techniques were unanimously cited by the participants as the key to gaining patients' trust despite the language barrier. Other studies suggested that technological tools, such as automated translation and interpretation services, smartphones, or computer-assisted real-time translators (CART), are also valuable *(Squires, 2018; Ferrante, 2014).*

The second major theme was cultural differences. The participants mentioned that they found it easier to nurse patients from their home countries. On the other hand, many participants argued that nursing care is the same for all patients since quality care and safety know no culture or language. This result is supported by *Almutairi and McCarthy, (2012),* who explained that cultural diversity and multicultural nursing workforce influence the quality and safety of patient care. Each country has its own unique culture that defines the normative values of an individual or a group. This culture determines behavior that outlines all aspects of their lives *(Ferrante, 2014).*

One study result mentioned that training health professionals that focus on intercultural communication between patients with different cultural backgrounds are mandatory in healthcare organizations *(Taylor et al., 2013; Betancourt, 2002).* Finally, if the health care provider is knowledgeable and culturally competent, they can effectively interact with people of different cultures.

The third and last major theme identified in the study was the understanding of trans-cultural nursing. Most participants were honest enough to tell that they do not know at all that transcultural nursing means. This finding supported that nurses struggle with cultural competence, as evidenced by their inability to address patients' spiritual and cultural requirements while upholding a high quality of care *(Almutairi, 2015).* Some studies, *Betancourt, (2002); Kagawa-Singer and Kassim-Lakha, (2003)* emphasize the importance of cultural competence.

Patient safety and high-quality care are achieved during Hajj season by addressing language and cultural barriers. The safety and quality of treatment for Hajj patients depend on effective communication between the two parties. Language and cultural barriers and cultural differences are

obstacles to this communication. It is seen as a prerequisite to safe health care during Hajj season in Makkah, Saudi Arabia.

7. Conclusion

The conclusions are offered according to the themes derived from the findings in the analysis. As a result of the language barrier, nurses had difficulty communicating with patients effectively. Providing an interpreter or translator, seeking assistance from the patient's relations officer, and using technology such as Google Translate to address this issue are all possible solutions. This study agreed that non-verbal communication techniques played an integral role in gaining patients' trust regardless of the language barrier. Despite the challenges of caring for patients from different cultures, nurses gain valuable experience during the Hajj. As far as nursing care is concerned, all patients are treated the same since quality care and safety know no boundaries. Finally, the importance of understanding transcultural nursing is highlighted by this study.

8. Recommendations

Finally, based on the conclusions above, the following recommendations are suggested the need for an interpreter/translator, the use of technology and visual aids in non-verbal communication with patients, and to use of technology such as Google translate on the internet. Secondly, to address the cultural barriers, all the nurses should attend the education and training on trans-cultural nursing in advance for the staff chosen to work during Hajj. Lastly, competent translators and Hajj company representatives should always available during the patient stay in the hospital.

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