**Strained Communication with a Health Professional: Reflection**

**Description**

My cousin (Lamia) recently experienced an asthma attack accompanied with chest tightness and very rapid breathing. She was rushed to King Abdulaziz Medical City located in Riyadh by her husband Mohammad. Her breathing became difficult to the extent that it was difficult for her to move, to talk and think clearly. Culture and language differences emerge when they arrived at the hospital since the medical practitioners on duty were mainly from Australia and Ireland. Therefore, it was difficult for my Mohammad to explain to them how his wife was feeling (he does not speak English). Lamia was already confused since she was not getting enough oxygen to the brain. Given that nurses and patient were not speaking the same language due to cultural differences, Mohammad became dissatisfied with their care. Clearly, the linguistic and cultural barriers between Mohammad and the nurses reduced the nurses’ abilities to communicate competently. The lack of sociocultural knowledge and language skills resulted in a ‘life-and-death’ situation.

 The situation was exacerbated by the fact that the majority of the nurses were men bearing in mind that Saudi culture considers the act of men attending to women as antithetical. Clearly, this attitude led to communication breakdowns. The presence of expatriate medical practitioners at King Abdulaziz Medical City speaking diverse languages led to cultural communication barriers. Considering that the expatriate employees hardly understand how to communicate within Saudi context. The nurses were unable to intervene because of the communication barrier; therefore, they had to call for a female Saudi nurse to attend to Lamia. I am still unable to fathom how the management of King Abdulaziz Medical City employs expatriate medical staff before making them understand the cultural issues between non-Saudi nurses and patients that could prevent effective communication. Considering that Lamia had a life-threatening asthma attack and the communication barrier between Mohammad and the medical practitioners, her condition worsened to the extent that she had to be cared for in the intensive care unit (ICU). She stayed in the ICU for 12 days.

**Feelings**

What Mohammad was feeling about this situation was hopelessness and never-ending anxiety. Even though he has been to King Abdulaziz Medical City many times before and was an environment that he felt comfortable, he had never visited ER before; therefore, he felt nervous while trying to communicate with the nurses. Communication breakdown made Mohammad to feel isolated and hopeless, which resulted in frustration and anger. Lack of communication between him and the medical practitioners made it challenging for him to explain to them what Lamia was going through. He became angry and punched one of the male triage nurses while he was trying to perform triage to determine the severity of Lamia’s condition. Mohammad considered it to be disrespectful since Saudi culture does not allow men to attend female patients. This created a feeling of insecurity and lack of confidence; thus, inhibiting the nurses from attending to Lamia until a Saudi nurse arrived 15 minutes later. I am certain that, because of this, Mohammad created unstable environments for the nurses; thus, making it very challenging to help his wife whose condition was getting worse.

**Evaluation**

I concur with Ghiyasvandian, Zakerimoghadam, and Peyravi (2015) that medical practitioners must establish communication that facilitates the care process. In the hospital setting, communication could influence the patient outcomes considering that ineffective communication can lead to patient harm and medical errors. As pointed out by Almutairi (2015, effective communication between healthcare workers and patients is an important process in quality and safe health care. The relationship between the clinician and the patient depend on the good communication; thus, leading to better healthcare outcomes, observance of medical recommendations, and enhanced patient satisfaction. However, this was not the case for Lamia since poor communication between her husband and the health workers collapsed during the patient inquiry concerning the disease symptoms.  Communication breakdown attributed to cultural and language barriers made it impossible for the Mohammad and the non-Saudi health workers to discuss the treatment.  It took long for Lamia to be attended to since emergency technicians could not determine the reason for her visit. Considering that Lamia was weak and unable to talk, her husband was expected to offer information to a registered nurse. However, the nurse could not take the medical history of Lamia and carry out a brief examination of her symptoms due to the language barrier.

Therefore, her symptoms worsened as they waited for a Saudi nurse. It took almost one hour for Lamia’s condition to be determined and for the ED staff to collect her information for her record and to get consent for her treatment. All this could have been avoided if a Saudi nurse was present when they arrived at the ER since it could have taken a short time to determine the course of management for Lamia. Li (2017) argues that mastering non-judgmental and respectful culture-oriented communication skills could help the health workers convince people to trust the providers and the health system. Crawford, Candlin, and Roger (2017) showed that relationship between nurse and patient is built on communication; therefore, using language effectively is very important. My cousin incidence has helped me understand that effective communication underpins good nursing practice, but for communication to happen, trusting relationships must be built to enable the nurse to accommodate as well as affiliate with the patient.

**Analysis**

As pointed out by Almutairi (2015), communication between healthcare providers from different backgrounds and patients’ multilingualism bring forth challenges. This is confirmed by Philip, Manias, and Woodward‐Kron (2015) study findings that the patients normally face obstacles and barriers when health workers use technical and medical terms and when patients are offered little time to answer questions. Communication in offering information and instructions between patients’ families and nurses with regard to asthma management, like the utilisation of inhalers is largely impacted by language difference considering that the majority of nurses in Saudi-Arabia are non-Arabic speakers. Meuter, Gallois, Segalowitz, Ryder, and Hocking (2015) observed that language discrepancies could lead to medically significant communication errors and increased psychological stress for patients that are already anxious. Mohammad’s failure to communicate properly the seriousness of risk negatively affected Lamia, since the nurses faced challenged while trying to comply with the instructions. I think that if Mohammad was not anxious and angry, it would have been easier for the triage nurses to intervene. It is clear that communication breakdown made it hard for the nurses to intervene more quickly. I believe that patient cultural beliefs, as described by Aslakson et al. (2012), can act as a barrier to effective communication. Key communication skills must be identified to promote an effective partnership between health workers and patients in adult asthma management. More importantly, robust strategies must be developed to train GPs and PNs effectively in improving such skills (Moffat, Cleland, Molen, & Price, 2007). Evidently, communication issues between patients or their families and health workers can affect the provision of management plans for illnesses like asthma, and can also present major trust issues (Halpin, 2015). Therefore, every unit at King Abdulaziz Medical City should have Saudi health workers.

**Conclusion**

I think King Abdulaziz Medical City should adopt technology in order to overcome language barriers, whereby a voice-to-text app for smart devices is created to ease communication between Saudi patients and non-Saudi health workers.  Although it is inevitable that a health worker speaking Saudi language was pulled in to interpret late on, the hospital should reduce the risk of adverse outcomes associated with language barriers by hiring certified and trained interpreters at every department.

**Action plan**

I think asthma patients that face language barriers must be accompanied by a bilingual friend or family member to appointments. Besides that, new as well as innovative approaches must be espoused to meet the patients’ needs; for instance, the expatriate health workers should be trained in intercultural communication. Besides that, the hospital should offer language services like using written materials, hiring interpreters, or communication boards. The expatriate health workers should undergo Arabic language proficiency test before being employed in any Saudi Arabia’s hospital. More importantly, the test on language proficiency must cover speaking ability, language knowledge, listening ability as well as reading ability.

**References**

Almutairi, K. M. (2015). Culture and language differences as a barrier to provision of quality care by the health workforce in Saudi Arabia. *Saudi Medical Journal, 36*(4), 425–431.

Aslakson, R. A., Wyskiel, R., Thornton, I., Copley, C., Shaffer, D., Zyra, M., . . . Pronovost, P. J. (2012). Nurse-Perceived Barriers to Effective Communication Regarding Prognosis and Optimal End-of-Life Care for Surgical ICU Patients: A Qualitative Exploration. *Journal of Palliative Medicine, 15*(8), 910–915.

Crawford, T., Candlin, S., & Roger, P. (2017). New perspectives on understanding cultural diversity in nurse–patient communication. *PlumX Metrics, 2*(1), 63–69.

Ghiyasvandian, S., Zakerimoghadam, M., & Peyravi, H. (2015). Nurse as a Facilitator to Professional Communication: A Qualitative Study. *Global Journal of Health Science, 7*(2), 294–303.

Halpin, T. (2015, December 16). *Health services explore new technology to overcome language barriers in Indigenous healthcareHealth services explore new technology to overcome language barriers in Indigenous healthcare*. Retrieved from ABC: http://www.abc.net.au/news/2015-12-15/indigenous-language-barrier-healthcare/7014630

Li, J.-L. (2017). Cultural barriers lead to inequitable healthcare access for aboriginal Australians and Torres Strait Islanders. *Chinese Nursing Research, 4*(4), 207-210.

Meuter, R. F., Gallois, C., Segalowitz, N. S., Ryder, A. G., & Hocking, J. (2015). Overcoming language barriers in healthcare: A protocol for investigating safe and effective communication when patients or clinicians use a second language. *BMC Health Services Research, 15*, 371-392.

Moffat, M., Cleland, J., Molen, T. v., & Price, D. (2007). Poor communication may impair optimal asthma care: a qualitative study. *Family Practice,, 24*(1), 65–70.

Philip, S., Manias, E., & Woodward‐Kron, R. (2015). Nursing educator perspectives of overseas qualified nurses' intercultural clinical communication: barriers, enablers and engagement strategies. *Journal of Clinical Nursing , 24*(17-18), 2628-2637.