



EVIDENCE SEARCH RESULTS

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| Question/subject of request: | Articles to support or jumpstart a QI project about improving communication. I am looking at communication articles or projects relating to patient safety and patient experience. |
| Date requested: | 27/02/2024 |
| Date completed: | 17/04/2024 |
| Compiled by: | Hayley Hodges |

CITING THIS SEARCH

If you reference this search in any paper, publication or presentation, please let us know.

The citation format is:

- Hodges, Hayley, (2024). *Evidence search: communication and patient safety*. Taunton, Somerset, UK: Somerset Foundation Trust Knowledge and Library Services.

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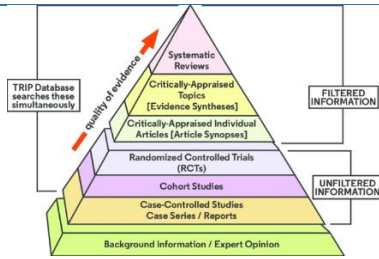
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The results are presented according to the hierarchy of evidence which is used to rank the relative strength of results obtained from scientific research.

The design of the study and the endpoints measured affect the strength of the evidence.

Evidence hierarchies are often applied in evidence-based practices and are integral to evidence-based medicine.

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Summary of search results:

There is quite a large amount of evidence about communication barriers and difficulties in healthcare. However, most of it is about communication with patients and less about staff-to-staff communication. There is evidence that communication is a factor in patient safety incidents, but it is difficult to find evidence of incidents that are specifically connected to miscommunication between staff.

Therefore, I have taken a broad selection of the results found and organised them into six main themes.

Most of the articles have direct links to the full text, but, should you require access to those that do not have a link, please let me know as we may be able to find it for you.

RECRUITMENT

The [International Recruitment Toolkit](#) includes a section on 'Induction and Welcome' with some examples of good practice from various NHS Trusts.

The [International Retention Toolkit](#) includes information, best practices and resources presented through four pillars: creating strong foundations; making new recruits feel welcome; building belonging; maximising personal and professional growth.

The [International Nurse Recruitment Best Practice Guide](#) also contains a number of examples of best practice in the recruitment and induction process.

There are also some recent [statistics](#) about NHS staff with a nationality other than British.

LANGUAGE BARRIERS

There are a number of articles that give an overview of the issues relating to language barriers and patient safety ([Acutrans](#); [Healthwatch](#); [Nuffield Trust](#); [NHS Improvement](#); [NHS Improvement](#)).





[Gerchow et al.](#) reviewed studies from 16 countries and concluded that “healthcare and government leaders have opportunities to enact policies which address bilingual proficiency, workload, and interpreter use.”

Although set in the United Arab Emirates, [Kuzemski et al.](#) found similar language and communication problems and highlighted the importance of Arabic-speaking staff as “partners in care” for expatriate nurses.

The effectiveness of current English language tests is discussed ([Ugiagbe et al.](#); [BJN](#); [HSJ](#)) and the use of expert [interpretation services](#) is addressed.

[Communication training needs](#) should not be seen as homogeneous.

I also found some examples of resources that are aimed at improving English language communication for healthcare professionals ([BMA](#); [HEE](#); [Think Cultural Health](#)).

CULTURAL COMPETENCE

There are a couple of articles that explore the inclusion of cultural competence in medical and nursing courses ([Shali et al.](#); [Nemeth et al.](#)).

“Cultural safety requires healthcare professionals and organisations to improve healthcare, facilitate patient access to healthcare, and achieve equity within the workforce” ([Pirhofer et al.](#)) and this should be encouraged through self-reflection and a willingness to challenge cultural structures and adapted behaviours.

The study by [Kane et al.](#) explores the significance of the social, cultural and historical context of the health system and nursing role and how this affects patient safety competencies.

There is some discussion of the benefits of cross-cultural communication ([HPU](#); [Nurses](#); [Avant](#)) and some ‘[top tips](#)’ to smooth the cultural assimilation process.

There is also some information about ‘[cultural experts](#)’ used by the Wessex Professional Support and Wellbeing service.

EXPERIENCES

The role played by the employer is discussed ([Pressley et al.](#); [Kamau et al.](#)), as well as the importance of support, inclusion, orientation and education for international staff ([Viken et al.](#); [Bond et al.](#); [Brunton et al.](#); [Nursing Standard](#))

[Transcultural self-efficacy](#) is discussed.

There is also a [study](#) that reveals a “mixed picture of experiences and a variability in employer offers”, along with the importance of personal as well as professional integration.

The [University of Huddersfield](#) undertook an International Nurse Population Analysis to gain a deeper insight into international nurses’ experiences of recruitment, onboarding and starting careers within the NHS. Although recruitment and integration experiences of many international nurses are extremely positive, they also identified that improvements could be made by providing compassionate and inclusive pastoral support, induction processes that signpost professional support networks and cultural communities, safe spaces to confidentially voice issues and language awareness programmes.





EDUCATION AND TRAINING

The [role of the mentor](#) in the adaptation of internationally educated nurses is discussed.

There is a paper that introduces a [bilingual modified flipped learning](#) approach to address challenges due to language barriers and cultural differences and issues relating to student nurse programs are also discussed ([Shoki et al.](#); [Eden et al.](#); [Ashipala and Matundu](#); [Anton-Solanas et al.](#); [Faubl et al.](#); [Naidoo and Sibiyi](#)).

TECHNOLOGY

I have included some references to the use of technology to help to overcome language and communication barriers:

- [Simulation training](#)
- [Machine translation tools](#)
- [Video interpreting system](#)
- [Digital translation service.](#)

Although not directly related to healthcare, I have also included an interesting article that investigates how individuals [assign blame to non-native supervisors](#) after an accident where an employee suffers a workplace accident in a multilingual organisation, suggesting bias towards employees with non-native accents.

I hope this is helpful. Please do let us know if you need any further information.

The library keeps a repository of evidence searches on the inSPIRE institutional repository. These results will only be shared in the repository if you have given your permission to do so.

Thank you.

RECRUITMENT

[International Recruitment Toolkit](#)

NHS Employers, last updated March 2024

Use this resource to plan your approach to overseas recruitment activity, or to review the quality and efficiency of your existing practices.

This toolkit is for colleagues involved in leading and delivering international recruitment in the NHS. It aims to encourage and enable good practices and processes for the recruitment of international staff across a wide range of professions.

[International Retention Toolkit](#)

NHS Employers, 12 October 2023

Actions employers can take to ensure internationally recruited staff will want to stay, thrive and build lasting careers in the NHS.



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This toolkit aims to support the reduction in turnover of international staff in the NHS by improving their experience at work. It is hoped that this will then enable them to stay, thrive and build lasting careers in the NHS.

It is for line managers and employers and should be used alongside the [International Recruitment Toolkit](#) and the [Improving Staff Retention Guide](#) to support your overall approach to recruiting and retaining international and domestic staff. The good practice principles and examples throughout can be applied to all professions.

[International Nurse Recruitment Best Practice Guide](#) Health Education England, November 2019

The best practice guide has been developed to support a pan-London approach to international nurse recruitment that meets with best practice principles and ensures that both the overseas nurse (also referred to in some organisations as the internationally educated nurse) and the employing organisation have a positive experience of the recruitment and employment process which should be efficient and effective in its nature. The guide will feature the international nurse recruitment electronic portal and will be available to both employing organisations and overseas nurses.

The guidance is designed to be used in conjunction with the NHS Employers' overseas recruitment toolkit. It reflects best practice principles in line with ethical recruitment current guidance and principles outlined by the bodies, such as the Nursing and Midwifery Council (NMC) and Health Education England Global.

[NHS staff from overseas: statistics](#) House of Commons Library, 20 November 2023

Nearly one in five NHS staff in England report a nationality other than British. This briefing has statistics on the nationality of NHS staff for doctors, nurses and other groups, figures on EU nationals, and changes since the Brexit vote.

LANGUAGE BARRIERS

[Language barriers between nurses and patients: A scoping review](#)

Author: Gerchow, Lauren, Burka, Larissa R., Miner, Sarah and Squires, Allison

Publication Date: 18 September 2020

Publication Details: Patient Education and Counseling, 104, (3) pp.534.

Abstract: Objective: Global migration and linguistic diversity are at record highs, making healthcare language barriers more prevalent. Nurses, often the first contact with patients in the healthcare system, can improve outcomes including safety and satisfaction through how they manage language barriers. This review aimed to explore how research has examined the nursing workforce with respect to language barriers. Methods: A systematic scoping review of the literature was conducted using four databases. An iterative coding approach was used for data analysis. Study quality was appraised using the CASP checklists. Results: 48 studies representing 16 countries were included. Diverse healthcare settings were represented, with the inpatient setting most commonly studied. The majority of studies were qualitative. Coding produced 4 themes: (1) Interpreter Use/Misuse, (2) Barriers to and Facilitators of Quality Care, (3) Cultural Competence, and (4) Interventions. Conclusion: Generally, nurses noted like experiences and applied similar strategies regardless of



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setting, country, or language. Language barriers complicated care delivery while increasing stress and workload. Practice Implications: This review identified gaps which future research can investigate to better support nurses working through language barriers. Similarly, healthcare and government leaders have opportunities to enact policies which address bilingual proficiency, workload, and interpreter use.

[A critical race analysis of structural and institutional racism: Rethinking overseas registered nurses' recruitment to and working conditions in the United Kingdom.](#)

Authors: Ugiagbe, I. M.; Liu, L. Q.; Markowski, M. and Allan, H.

Publication Date: 23 June 2022

Journal: Nursing Inquiry 30(1), pp. e12512

Abstract: Language tests for overseas registered nurses (ORN) working outside their home country are essential for patient safety, as communication competency needs to be established in any workforce. We argue that the current employment of existing language tests is structurally and institutionally racist and disadvantages ORNs from non-European Union (EU) and non-White countries seeking to work in the United Kingdom. Using Critical Race Theory (CRT), we argue that existing English language tests for ORNs seeking registration in the United Kingdom are discriminatory due to the UK's racist migration policies and a regulatory body for nursing and midwifery that fails to acknowledge and understand its own institutionally racist practices.

[I speak a little Arabic: Nursing communication in a cross-cultural context](#)

Author: Kuzemski, Dawn, Thirlwall, Alison, Brunton, Margaret and Brownie, Sharon

Publication Date: 14 July 2021

Publication Details: Journal of Clinical Nursing, 31, (1-2) pp.145.

Abstract: Aims and objectives: This study investigated the challenges of cross-cultural communication among internationally qualified nurses, and the impact on nurse-to-nurse and nurse-to-patient relationships. Background: Open and authentic communication between nurses and patients is required as a foundation of patient-centred practice; however, this may be a challenge in cross-cultural settings. Design: An exploratory qualitative study with an inductive approach. Methods: Semi-structured, face-to-face interviews explored the influences on communication and practice of 21 internationally qualified nurses practising in the United Arab Emirates. Manual and software-driven processes guided coding and analysis of data. Caring theory guided the analysis of themes; while COREQ criteria guided research conduct and reporting. Results: Four key themes emerged; (a) Challenges in communication, (b) The science versus art of nursing; (c) The impact of ineffective communication and (d) Strategies for coping. Eleven sub-themes are reported within these themes. Overall, nurses felt they had sufficient language and nursing skills to undertake the technical or scientific aspects of their work; however, they reported experiencing restricted ability to participate in complex cross-cultural conversations, such as providing explanations and reassurance about treatment options or discussing end of life and treatment decisions. This limitation diminished the nurses' ability to engage in the art of nursing and left them unable to employ themselves therapeutically to attain a sense of true presence with patients and their families. Conclusion: This article highlights the need for language and communication support, and Arabic-speaking advocates as partners in care for expatriate nurses. Relevance to practice: Internationally qualified nurses in this Middle Eastern setting lack cultural orientation and language skills to fully enact the art and true presence of nursing. Findings indicate that health service employers need to increase the employment of Arabic-speaking nurses and provide additional language for other expatriate nurses.





[Overseas qualified nurses' communication with other nurses and health professionals: An observational study.](#)

Authors: Philip, S.; WoodwardKron, R. and Manias, E.

Publication Date: 04 June 2019

Journal: Journal of Clinical Nursing 28(19-20), pp. 3505-3521

Abstract: Aims and objectives: To understand the interprofessional and intraprofessional communication patterns of overseas qualified nurses as they coordinate care for patients in Australian hospitals. Background(s): Numerous studies have informed the transitioning experiences of overseas qualified nurses with non-English-speaking backgrounds working in English-speaking workplaces. Only a few observational studies have involved examining the intercultural communication experiences of overseas qualified nurses, and none have considered their intra- and interprofessional communication patterns. Design(s): A qualitative design was adopted, using participant observation and discourse analysis. Method(s): This study was from January 2017 to March 2017. Thirteen overseas qualified nurses working in acute, subacute and interventional cardiology settings in a Melbourne metropolitan hospital were shadowed over a period of 12 weeks to collect data that inform their communication patterns. The COREQ checklist was used. Result(s): This observational study informed by genre analysis revealed that intra- and interprofessional communication occurred more commonly under the clinical communication goals of coordinating care and less commonly under facilitating intervention. Communication strategies ranged from structured interactions with use of communication tools to unstructured ad hoc interactions. Analysis of the discourse patterns demonstrated that effectiveness of interactions was affected by hesitancy, lack of assertion and few strategies to manage inadequate or aggressive communication by other team members. Poor clinical communication with peers was not always caused by the nurses from non-English-speaking backgrounds. Positive interpersonal interactions with laughter, language-switching and small talk were evident in interactions with nurses from similar cultural backgrounds but were rare with local colleagues. Conclusion(s): The linguistic evidence from this study shows variations in communication competency between participants, which emphasises the importance of not viewing overseas qualified nurses' communication training needs as homogenous. With the growing multicultural nature of healthcare teams, this study underscores the need for intercultural communication training for team integration and patient safety. Relevance to clinical practice: Continuous professional development should incorporate intercultural communication training to ensure team effectiveness within nursing teams as well as interprofessional teams.

[The Impact of Language Barriers on Patient Safety](#)

Acutrans, 01 November 2023

Language barriers are problematic in healthcare settings. Without multilingual healthcare communication options, patient safety concerns will undoubtedly arise. Without proper language access in hospitals, adverse events are far more likely to occur, and the patient experience is significantly diminished, even if the outcome is ultimately positive.

Here's a closer look at the impact of language barriers on patient safety and how medical facilities can improve patient safety through language services.

[Changes in NMC language proficiency standards will benefit everyone](#)

British Journal of Nursing, March 2023

The NMC standards expect nurses to be able to communicate effectively in English to provide safe, high-quality, person-centred care. Last year, the [NMC \(2022a\)](#) launched a consultation to:



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- Understand the reasons why some applicants struggle to meet the language requirements set and ensure the requirements are fair and proportionate
- Develop a clear evidence base to ensure confidence that any changes made will not put the public at risk
- Explore the contribution that employers' support can make.

Complaints made to my Trust and aired in national media have criticised international colleagues and their ability to communicate. The NMC consultation was therefore a key opportunity to further NMC aims and objectives under the Public Sector Equality Duty to deliver a fair, flexible, and objective process, requiring the regulator to:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity between people from different groups
- Foster good relations between people from different groups.

As part of the consultation, the NMC commissioned Britain Thinks ([NMC, 2022b](#)) to elicit perceptions of the proposed changes among wider stakeholders. Respondents' perceptions of the current requirements were mixed, with views that ranged from maintaining the current status quo to calling for significant change. There was, however, strong alignment on the importance of expecting a high proficiency in the English language for all registrants, with respondents seeing this as key to ensuring patient safety, as well as enabling clear communication between colleagues.

[Language Barriers in Healthcare](#)

My Language Connection, 09 November 2022

Use care when providing interpreter services. Just because a member of health care staff knows how to speak the same language, it does not mean that associated risk factors are not present with it. Make sure you follow the correct guidelines on using your healthcare staff to communicate with patients using the same language as they do. It is also crucial that these language skills are expertly evaluated and assessed. Otherwise, it could lead to more language barriers in health care, or worse, misinformation.

Make sure all interpreter services are properly documented. You need the documentation to showcase that the staff has exerted all efforts to adhere to organisational policy and ensure that your decisions were within the legal capacity of every situation or staff.

[Communicating with colleagues and NHS structure](#)

Toolkit for doctors new to the UK BMA, last updated 06 June 2022

This gives some rough guidance on how to speak to your colleagues. Don't be too hard on yourself or be scared to mess up - you are in a new country and are not expected to be perfect. That will come with experience!

[Lost for words](#)

Healthwatch, March 2022

Our research delves into the experiences of people from minority ethnic communities who live in England and find it challenging to communicate with the NHS because they don't speak English well or at all. We also look into the issues faced by healthcare staff when caring for such people.





Staff told us that there were no common systems for recording people's language requirements or sharing this information with other parts of the healthcare system. Staff wanted more training and support to help people with language barriers. Staff also felt constrained by ever-reducing budgets for interpreting. The consequences of not having these in place included people missing appointments or experiencing delays to their care.

[The Ward Round: Language barriers](#)

HSJ, 03 March 2022

Concerns have been raised for many years about the English language test's impact on the number of foreign nurses who can secure an NHS job. It has been argued the test is unnecessarily difficult and therefore a barrier to recruiting this much-needed staff group.

Former NHS chief executive and current Manx Care chair Andrew Foster and former NHS Confederation chair and NHS trust chair Peter Mount are pushing for the Nursing and Midwifery Council to urgently review the English language test.

[Living the Language](#)

**A nurse's guide to English usage in British life and work
Health Education England, September 2020**

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[Recruiting nurses from overseas: the main challenges facing trusts](#)

Nuffield Trust, 06 February 2020

Opening the doors to a country is not enough. Most of the responsibility to recruit new staff and make migrant workers feel welcomed and integrated falls on trusts. But Brexit, and any more



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restrictive immigration policy that is implemented, will have a significant impact on the ability of those trusts (particularly the smallest ones) to do just that.

Cohesive and strategic processes for international recruitment – aimed at reducing financial barriers, visa restrictions and other hurdles that affect the willingness of qualified nurses to choose the UK to come and stay – are certainly part of the way forward. But there also needs to be more focus and resources directed at the workplace.

Existing initiatives, such as the one aiming to make the NHS (and every individual trust) the best place to work, are a good start. Sharing intelligence between trusts on where to find nurses, as well as sharing good practice on how to recruit and retain them, would also be a welcome step in the right direction.

Given we are at a point in the NHS where overseas recruitment of nurses is not just an option but an 'absolute necessity', having the right support for trusts is a matter of urgency.

[Annex: MUCH MORE THAN WORDS Spoken communication and patient safety in the NHS](#)

Report of the Patient Safety Initiative Group

NHS Improvement July 2018

This report has been produced by an interdisciplinary patient safety initiative group sponsored by NHS Improvement. We sought to understand (with a view to improving) how spoken communication (especially between two people) may contribute to patient safety in NHS care.

We sought to learn from examples of good communication as well as from incidents where communication could have been better. Drawing on both, we have identified six key themes:

- a. THE COMMUNICATION ENVIRONMENT
- b. INFORMATION EXCHANGE
- c. ATTITUDE AND LISTENING
- d. ALIGNING AND RESPONDING
- e. CREATING THE PRECONDITIONS FOR EFFECTIVE COMMUNICATION WITHIN A TEAM
- f. COMMUNICATING WITH SPECIFIC GROUPS

Our findings strongly support the conclusion that spoken communication should be thought of not merely as the transmission of information but as context-dependent social interaction, influenced by roles, expectations and hierarchies and by the wider pressures and distractions of a busy care environment. Examples of good communication show how safe talk takes account of all these social conditions, is respectful of others and flexible. Tools intended to improve spoken communication have a place but may impose an artificial structure on natural speech, with adverse consequences.

[Spoken communication and patient safety in the NHS](#)

NHS Improvement, May 2018

Every 36 hours a million contacts are made between patients and healthcare staff in the NHS and each of these is likely to generate further communication between staff. Yet failings in that communication are a common finding in Serious Incident investigations and we have come to expect either direct or indirect reference to communication in most investigation reports.

Much of the research and policy analysis on communication and patient safety has focused on written communication, but safe healthcare also depends heavily on the spoken word.



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Good spoken communication is about passing on clear and accurate information. But it is also about expressing uncertainty, reading or 'sensing' situations, assessing others' understanding of decisions and their appreciation of responsibilities, and probing issues and concerns with the right priority.

What stands out from the group's findings is that spoken communication is more complex than just words and that there will be no quick fixes to people communicating better in the NHS. The examples of when it goes wrong illustrate both human failure and, in some cases, a wider culture in which ineffective, inappropriate and inattentive ways of communicating have been allowed to become the norm.

Communication styles

Think Cultural Health, no date

The table below outlines different aspects of communication styles and how they tend to vary across cultures. Being aware of how communication styles tend to vary across cultures can help you avoid misunderstandings, but it is also important that you understand the unique cultural identity and individual preferences of those you serve in order to communicate with them effectively.

CULTURAL COMPETENCE

[Culture of patient care among international nursing students: a focused ethnographic study.](#)

Authors: Shali, Mahboube; Bakhshi, Fatemeh and Hasanpour, Marzieh

Publication Date: 06 March 2024

Journal: BMC Nursing 23(1), pp. 163

Abstract: BACKGROUND: This study was conducted to describe and explain the culture of patient care in international nursing students. METHODS: This qualitative study was conducted using focused ethnography. Participants (n = 21) were purposefully selected from non-Iranian international students and their nursing instructors. Data collection included semi-structured interviews, and field-note taking. Data were analyzed with the Roper and Shapira inductive approach of ethnographic content analysis. RESULTS: The cultural model of the study included the acquisition of cultural competence through acceptance of differences and finding commonalities. Subcategories were: "avoiding cultural bias", "trying to be on the path of adaptation", "appealing to the support and companionship of colleagues", "coping with culture shock", "acculturation", "getting help from cultural intelligence", "cultural empathy", and "language and communication enhancement". CONCLUSION: Cultural competence is teachable. The pattern of formation is through accepting differences and searching for commonalities. Suggestions for promoting the culture of care among international students include effective use of peer groups and teaching different national ethnicities and cultures.

[Developing intercultural competences for more effective patient care and international medical and research collaborations](#)

Authors: Nemeth, Timea; Marek, Erika; Faubl, Nora; Suto, Balazs; Jon, Marquette and Hild, Gabriella

Publication Date: 30 October 2022

Journal: Orvosi Hetilap 163(44), pp. 1743-1750

Abstract: Introduction: In our globalised world, the role of intercultural competence in healthcare is increasing as societies become multicultural. The development of this competence should start in



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medical education. Objective: In our qualitative study among Hungarian medical students, we sought to find out to what extent the multicultural student composition of our elective course contributes to the development of their intercultural competence. Method: In our action research, semistructured focus group interviews were conducted with 35 Hungarian medical students between April and November, 2021. The transcripts of the digitally recorded interviews were evaluated using qualitative methods. Results: After a thematic analysis of the interviews, the vast majority of the students' opinions could be classified into one of the following four thematic categories: 1) the benefits of studying together with international students, 2) the development of cultural awareness, 3) the development of an open mindset, and 4) the expected longterm impact of intercultural competence on medical work. Overall, Hungarian students evaluated their learning in the multicultural course positively. Based on the results of the focus group interviews, it can be claimed that by the end of the semester, the Hungarian students' perceived intercultural competence had improved due to the course and its multicultural composition. Conclusion: The course, with its multicultural student population, can contribute to and promote the acquisition of intercultural competence, which in the long run can be effectively used by future doctors both in patient care and in effective communication within healthcare teams as well as in international medical, research and scientific collaborations. Providing a multicultural student environment in the classroom, including interactive teaching methodologies and intercultural project work, have many potentials to make the learning-teaching process more effective and could be applied in the future when developing new courses.

[A qualitative exploration of cultural safety in nursing from the perspectives of Advanced Practice Nurses: meaning, barriers, and prospects.](#)

Authors: Pirhofer, Jacqueline; Bukki, Johannes; Vaismoradi, Mojtaba; Glarcher, Manela and Paal, Piret

Publication Date: 04 July 2022

Journal: BMC Nursing 21(1), pp. 178

Abstract: BACKGROUND: Cultural safety requires healthcare professionals and organisations to improve healthcare, facilitate patient access to healthcare, and achieve equity within the workforce. METHODS: This ethnomethodological study, which consisted of two phases, explored the concept of cultural safety from the perspective of Advanced Practice Nurses. Semi-structured interviews and the nominal group technique were used to prioritise challenges related to cultural safety, identify barriers to clinical practise and assess educational needs. The data collected was subjected to thematic analysis. RESULTS: Nurses working in Austria, Germany and Switzerland were recruited (N = 29). Accordingly, the phenomenon of cultural safety in health care is not generally known and there is little prior knowledge about it. The most frequently discussed themes were communication difficulties, lack of knowledge, the treatment of people with insufficient language skills and expectations of treatment goals and outcomes, which can lead to conflicts and accusations of unequal treatment due to diverse cultural backgrounds. CONCLUSION: Diverse cultures are encountered in German-speaking healthcare settings. Cultural safety is also about healthcare staff, as nurses with different socialisations encounter prejudice, discrimination and racism. Although the issue of power was not discussed, academic nurses were willing to make an effort to change. Only a minority were aware that lasting change requires challenging one's own cultural structures and adapted behaviours, rather than pushing for the mere acquisition of cultural competence. Organisations were encouraged to introduce self-reflection sessions and provide better access to translation services to improve equity and support nurses.





[Internationally qualified nurses' perceptions of the competencies that pertain to patient safety.](#)

Authors: Kane, A.; Tait, C. and Arcus, K.

Publication Date: 03 June 2019

Journal: Nurse Education in Practice 38, pp. 105-111

Abstract: Internationally qualified nurses represent 25% of the New Zealand nursing workforce, similar to Australia, Canada, the US and UK. The transition from vastly different health systems can have implications for patient safety. Through understanding the perspectives of internationally qualified nurses, educational and healthcare agencies may be better able to support this transition. This study investigated internationally qualified nurses' perceptions of the competencies that pertain to patient safety. These were analysed alongside the Nursing Council of New Zealand (NCNZ) competencies designed to define and measure competence for patient safety. Qualitative case studies of four internationally qualified nurses were discussed using Communities of Practice theory as the conceptual framework. The primary data sources were two semi-structured interviews with each of the internationally qualified nurses during a Competency Assessment Programme to obtain New Zealand nursing registration. Competency Assessment programme documents also provided data. Thematic analysis of the individual cases followed by cross-case analysis revealed that the social, cultural, and historical context of the health system and nursing role mediates how maintaining patient safety is perceived and enacted in practice. Recommendations from the findings of this study are important for ongoing internationally qualified nurses' transition support.

[OVERCOMING CROSS-CULTURAL COMMUNICATION BARRIERS IN NURSING](#)

Hawaii Pacific University, 29 August 2023

BENEFITS OF CROSS-CULTURAL COMMUNICATION

Cross-cultural communication benefits both patients and nurses. Whether consulting parents about how to include enough iron in their baby's diet or addressing pain management with a cancer patient, cross-cultural communication strengthens nurses' ability to deliver the highest-quality care and thrive as a professional.

With cross-cultural communication, nurses form deeper relationships with their patients and experience more satisfaction on the job as a result. They also avoid needless frustration and overwhelm that can result from poor communication.

Patients receive better care because of cross-cultural communication. They experience fewer misdiagnoses and repeat visits to the hospital. They also follow treatment plans and medical advice more reliably. Additionally, cross-cultural communication can reduce health disparities in marginalized communities.

[The Importance Of Cultural Competence In Nursing](#)

Nurses, 18 July 2023

"By developing cultural competence, nurses can bridge gaps in communication, understanding, and access to care, leading to improved patient outcomes and experiences."

In an increasingly diverse and multicultural society, cultural competence plays a vital role in providing quality healthcare.



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Nurses, as frontline caregivers, must possess the knowledge, skills, and attitudes necessary to deliver patient-centred care that respects and embraces the cultural backgrounds and values of their patients.

This article explores the importance of cultural competence in nursing, its impact on patient outcomes, and strategies for nurses to develop and enhance their cultural competence.

[Biggest cultural differences for our nurses](#)

LinkedIn, 27 May 2021

Previous studies have been conducted on the experiences of international nurses in terms of the biggest cultural differences. As an example within the "*STAFF EXPERIENCE AND PATIENT OUTCOMES: WHAT DO WE KNOW?*" by Dr. Jeremy Dawson of Sheffield University Management School, the findings report on the clear links between employee experience and improved care of patients (Dawson, 2014). The study reveals issues that have the potential to affect care in relationships with patients, families, and clinical colleagues.

Another study entitled "*Experience of overseas nurses: the potential for misunderstanding*" by Mercy Okougha and Mary Tikli, discusses the biggest cultural differences for our nurses specifically the experiences of internationally recruited nurses (IRNs) from Ghana and the Philippines by a north NHS trust.

Key examples of some of the challenges from the study were as follows:

- **Communicating with colleagues and patients**
- **Culture shock**
- **Different ways of dealing with death**

Top Tips to Smooth the Cultural Assimilation Process:

To summarize, though our international nurses have excellent English and are motivated to start an exciting new life in the UK, we can help them to have a happier transition in dealing with the biggest cultural differences if we consider the following:

- Providing feedback professionally and sensitively if an international nurse makes a mistake
- Encouraging candidates to bring warm clothes before arrival and advise them that it is not customary to keep the heating on 24 hours/day in the UK.
- Promoting equal opportunities concerning training and promotion
- Using culturally sensitive orientation programs
- Using a buddy programme.

[Understanding Cultural Differences in the Nursing Profession](#)

Avant Healthcare Professionals, 11 May 2021

Risks of Lacking Diversity

If you do not understand the cultural differences among your nursing staff, it will be tough to retain them as full-time staff. Therefore, it is imperative to note their cultural backgrounds when using an international nurse and make them feel supported. If nurses do not feel comfortable enough to communicate and express themselves, mistakes can occur in their care.

By utilizing international nurses, hospitals can overcome nurse shortages and will be able to provide more individualized care to their patients and improve the quality of life for the overall nurse team. International nurses are also a great way to reinvigorate a current hospital's staff. On average,



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most international nurses have five to ten years of experience before coming to the U.S. and can use their personal experiences to connect with patients from all over.

The Bottom Line

Although diversity is not something that can happen overnight, there are many ways to start improving your staff's cultural competence. Take the time to learn about your staff and how you can work together for the highest quality patient care.

STRATEGIES TO PROMOTE DIVERSITY AMONG NURSING STAFF

ESTABLISH CULTURAL COMPETENCE

When a patient's culture is reflected in the hospital's nursing staff, it provides reassurance and security for their patients. Having cultural competence allows nurses to communicate more openly and establish a more welcoming environment for their patients.

ACKNOWLEDGE PATIENT BACKGROUNDS

Nursing leaders have seen a strong correlation between having a culturally diverse nursing staff and providing culturally competent patient care. These RNs can provide medical treatment that adequately meets a patient's social, cultural, and linguistic needs.

PROMOTE DIVERSE LEADERSHIP

By having a diverse leadership team, hospitals will be more understanding of different cultures within their staff. It will also make the hospital more desirable to an international nurse as they will feel more accepted at the facility.

RECRUIT INTERNATIONAL NURSES

By utilizing international nurses, hospitals can overcome nurse shortages and will be able to provide more individualized care to their patients and improve the quality of life for the overall nurse team.

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Cultural challenges

NHS England, no date

The report noted that the majority of overseas doctors come to the UK with, "little or no preparation for working in the UK." Those trained under different cultural and professional standards face significant challenges adjusting to a different cultural, ethical and professional environment in the UK, and need more support. Issues may relate to doctor-patient, doctor-doctor, doctor-non-clinical NHS professional relationships.



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The following experiences have been identified by the Wessex Professional Support and Wellbeing service:

- Language and communication difficulties (especially with handling sensitive situations and avoiding misunderstanding)
- Different approaches to working with patients and colleagues
- Lack of understanding of current NHS expectations of a doctor
- Lack of confidence

Cultural experts

Case managers may identify that a doctor requires cultural support. The doctor will be offered (up to four) confidential, individual support sessions with a cultural expert, to enable them to explore their specific challenges.

The cultural expert aims to increase the doctor's self-awareness and help them identify ways of addressing and resolving the issues raised. At the end of the session the cultural expert will provide the case manager with a report of the sessions' conclusion.

EXPERIENCES

[Foreign educated nurses' work experiences and patient safety—A systematic review of qualitative studies](#)

Authors: Viken, Berit; Solum, Eva Merethe and Lyberg, Anne

Publication Date: 17 April 2018

Journal: Nursing Open 5(4), pp. 455-468

Abstract: Aim The aim of this systematic review was to identify the evidence contributed by qualitative research studies of foreign educated nurses' work experiences in a new country and to link the results to patient safety competencies. Design A systematic literature review of qualitative studies. Methods Electronic searches in the Ovid MEDLINE, Embase, PsycINFO, Cochrane Library and Cinahl databases and additional manual searches in five scientific journals. A content analysis of 17 qualitative articles was conducted. Results The analysis revealed one main theme: "Being an outsider at work" and two themes: "Cultural dissonance and Unfamiliar nursing practice. Two sub-themes emerged from the first theme; Loneliness and discrimination" and "Communication barriers". The second theme was based on the following two sub-themes: "Handling work-related stress" and "Role uncertainty and difficulties in decision-making". A better prepared and longer orientation period with continual clinical supervision including systematic reflection on practice experiences is needed to support foreign educated nurses in the transition period and strengthen their Patient Safety Competencies. Nurse Managers have an important role in ensuring the inclusion of foreign educated nurses and providing desirable working conditions.

[The experiences of international nurses and midwives transitioning to work in the UK: A qualitative synthesis of the literature from 2010 to 2019](#)

Authors: Samuel Bond, Clair Merriman and Helen Walthall

Publication Date: June 2020

Journal: International Journal of Nursing Studies 110, 103693

Abstract: PURPOSE In recent years there has been an increase in international nurses and midwives (trained outside of the European Economic Area) recruited to work in the UK. The aim of this review



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was to synthesise the most recent qualitative research exploring the experiences of international nurses and midwives as they transition and adapt to living and working in the UK. FINDINGS A systematic literature search using the databases psycINFO, CINAHL, MEDline, Web of Science, as well as Google Scholar, resulted in six studies meeting the criteria of primary qualitative research published since 2010 and focussing on the UK as the host country. A lack of research into the experiences of midwives meant that the participants in each of these six studies were international nurses. The findings of these six studies were synthesised into 4 analytical themes: 1) CULTURAL INTEGRATION; 2) INDIVIDUAL CHALLENGES; 3) SUPPORT NETWORKS, and; 4) COMMUNICATION ISSUES. Participants reported difficulties adapting to their new life in the UK, including within their role as a nurse, but also in finding and building positive relationships that would help to ease their transition. Instances of discrimination, an undervaluing of international nurses' skillset, and problems around communication were all detrimental to this process. SUMMARY These studies are in line with earlier findings that suggest international nurses face a challenging integration process when recruited to work in the UK, indicating no improvement in international nurse experience. With an increasing number of international nurses being recruited to work in the UK, this review raises concerns based on the need to effectively support these nurses to successfully integrate into work and the wider society.

[Internationally recruited nurses and their initial integration into the healthcare workforce: A mixed methods study.](#)

Authors: Pressley, C.; Newton, D.; Garside, J.; Stephenson, J. and MejiaOlivares, J.

Publication Date: 26 September 2023

Journal: International Journal of Nursing Studies Advances 5

Abstract: Background: Nursing deficits are growing, and healthcare providers in developed countries must address the challenges of ethically building a sustainable workforce without a continued excessive reliance on overseas recruitment. To secure this, a focus on long-term retention of international recruits is paramount. Objective(s): To explore the migration motivations and experiences of initial integration for internationally recruited nurses within the healthcare system (England). Design(s): A mixed methods survey. Setting(s) and participants: 655 internationally recruited nurses who had recently commenced work in England completed the survey. Method(s): qualitative and quantitative data was gathered to explore internationally recruited nurses' demographics and professional backgrounds, migration motivations, application processes, arrival and settlement and initial experiences of integration into the workforce alongside their support and future aspirations. Result(s): The quantitative results revealed a population of international nurses that were highly educated and vastly experienced, with career development and desires to improve quality of life being the primary motivations for migration. Participants indicated a perception of being well supported during initial application and arrival stage, however, did experience some degree of challenge during workplace integration involving fluctuating levels of support and appointments into positions that did not match their years of experience and previous qualifications. This data was reinforced further detailed by the qualitative feedback that illuminated the difficulties nurses can face during initial arrival and integration and the apparent impact on mental well-being. Conclusion(s): This paper, contextualised with an international literature base verifying the experiences of internationally recruited nurses, argues that it is the consistent responsibility of employers in developed countries to protect the experiences of international recruits. This can be done by investing in solutions as a key retention strategy.





Culturally and linguistically diverse registered nurses' experiences of integration into nursing workforce - A qualitative descriptive study.

Authors: Kamau, S.; Koskenranta, M.; Isakov, T. M.; Kuivila, H.; Oikarainen, A.; Tomietto, M. and Mikkonen, K.

Publication Date: 13 December 2022

Journal: Nurse Education Today 121

Abstract: Background: The nursing shortage is a global and ongoing phenomenon that is expected to worsen. In many countries, imbalances in the nursing workforce will require international recruitment and plans to increase domestic and international nursing graduates. Nurses from culturally and linguistically diverse backgrounds have been reported to experience challenges while integrating into the workforce. Aim(s): To describe culturally and linguistically diverse registered nurses' experiences of their integration into the Finnish nursing workforce. Method(s): The study adopted a qualitative descriptive design. Data were collected during the spring of 2021 from 24 culturally and linguistically diverse registered nurses working in various healthcare settings in Finland. Data were analyzed using content analysis, which resulted in 596 open codes, 21 sub-categories, and 8 categories. Result(s): According to the performed analysis, culturally and linguistically diverse nurses in Finland face cultural, ethnic and linguistic challenges. Organizational acceptance and acknowledgement of culturally and linguistically diverse nurses' competence can help decrease the practice of deskilling and the perception that foreign nurses have purely opportunistic goals. Cultural and language learning support, tailored orientation programs, and mentorship are the most common organizational strategies for supporting integration and competence development. The role of the nurse manager and organizational strategies were also identified as essential components of smooth integration, work wellbeing and retention. Conclusion(s): Finnish healthcare organizations need to implement strategies that support culturally and linguistically diverse nurses' integration into the workforce. Nurse managers are important leaders that can foster culturally and linguistically diverse nurses' competence development, ensure the efficient use of their specialized skills, promote work wellbeing, and improve nurse retention.

Factors Influencing Transcultural Self-Efficacy Among Nurses With Foreign Patient Care Experience.

Authors: Ham, HyunJung and Tak, Sunghee H.

Publication Date: 21 May 2021

Journal: Journal of Transcultural Nursing 33(1), pp. 87-95

Abstract: INTRODUCTION: As the cultural diversity among patients increases, it becomes important for nurses to be prepared and efficient in providing culturally congruent care. The purpose of this study is to examine the factors influencing transcultural self-efficacy (TSE) among Korean nurses. METHODOLOGY: A descriptive cross-sectional survey was used, and 131 nurses with foreign patient-care experience were recruited from a university tertiary hospital. RESULTS: The mean TSE score of participants was 5.27 out of 10 (SD = 1.50). The practical subscale of TSE was the lowest, while the affective subscale was the highest. A regression analysis revealed that education level, cultural competence, and intergroup anxiety are predictors explaining 58.8% of its variance ($F = 27.5, p < .001$). DISCUSSION: A low level of TSE causes avoidant behavior and ineffective communication in foreign patient care, resulting in unsatisfactory clinical performance. Effective education programs and administration guidelines may be critical for nurses to improve their TSE.





[The experiences of international nurses and midwives transitioning to work in the UK: A qualitative synthesis of the literature from 2010 to 2019.](#)

Authors: Bond, Samuel; Merriman, Clair and Walthall, Helen

Publication Date: October 2020

Journal: International Journal of Nursing Studies 110, pp. 103693

Abstract: **PURPOSE:** In recent years there has been an increase in international nurses and midwives (trained outside of the European Economic Area) recruited to work in the UK. The aim of this review was to synthesise the most recent qualitative research exploring the experiences of international nurses and midwives as they transition and adapt to living and working in the UK. **FINDINGS:** A systematic literature search using the databases psycINFO, CINAHL, MEDline, Web of Science, as well as Google Scholar, resulted in six studies meeting the criteria of primary qualitative research published since 2010 and focussing on the UK as the host country. A lack of research into the experiences of midwives meant that the participants in each of these six studies were international nurses. The findings of these six studies were synthesised into 4 analytical themes: (1) Cultural integration; (2) Individual challenges; (3) Support networks, and; (4) Communication issues. Participants reported difficulties adapting to their new life in the UK, including within their role as a nurse, but also in finding and building positive relationships that would help to ease their transition. Instances of discrimination, an undervaluing of international nurses' skillset, and problems around communication were all detrimental to this process. **SUMMARY:** These studies are in line with earlier findings that suggest international nurses face a challenging integration process when recruited to work in the UK, indicating no improvement in international nurse experience. With an increasing number of international nurses being recruited to work in the UK, this review raises concerns based on the need to effectively support these nurses to successfully integrate into work and the wider society.

[Internationally qualified nurse communication-A qualitative cross country study.](#)

Authors: Brunton, Margaret; Cook, Catherine; Kuzemski, Dawn; Brownie, Sharon and Thirlwall, Alison

Publication Date: 19 June 2019

Journal: Journal of Clinical Nursing 28(19-20), pp. 3669-3679

Abstract: **AIMS AND OBJECTIVES:** To compare the communication and practice experiences of migrant nurses in geographically distant, culturally dissimilar countries in Eastern and Western contexts. **BACKGROUND:** Considerable research has focused on the experience of acculturation of migrant nurses into geographically diverse locations. However, there remains scant comparative research which considers the ways in which migrant nurses interpret their experience through making "sense" of events encountered in their practice. **DESIGN:** An exploratory qualitative study was conducted using face-to-face interviews with 36 migrant nurses currently practising in New Zealand and 20 migrant nurses practising in the United Arab Emirates. **METHODS:** The same question schedule was used to explore influences on communication and practice in both settings. Thematic analysis and sensemaking theory guided coding and analysis of data. **COREQ** guidelines informed the reporting of qualitative data. **RESULTS:** Qualitative analysis resulted in five representative themes, three illustrating similarities across diverse cultures and two that demonstrate the differences migrant nurses require to navigate across contrasting cultural environments successfully. **CONCLUSION:** Cultural value-based differences in both locales caused both systemic and interpersonal sensemaking challenges for migrant nurses that emphasise the importance of orientation and education programmes for internationally qualified nurses. However, cultural conflicts also exist within groups. Orientation programmes should address culturally



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patterned responses among different groups of internationally qualified nurses. RELEVANCE TO CLINICAL PRACTICE: Findings demonstrate a need for migrant nurses to be willing to embrace ambiguity in order to acculturate into a collaborative team culture in each of the geographical locations in this study. As registered nurses (RNs) also carry their cultural imprint, orientation interventions targeting the cultural variations of nurses in less standardised orientation programmes may be more beneficial in enhancing acculturation and in turn, staff retention.

[Internationally Educated Nurses Experience of the First Two Years Working and Living in England: a mixed methods study](#)

University of Huddersfield, June 2023

Despite the large numbers of international nurses migrating to live and work in England in recent years, there are no studies published that explore their lived experiences during the initial few years' post migration (Dahl et al., 2022; Palmer et al. 2021). This study therefore builds on the global knowledge of international nurses' motivations for migration and explores their experiences in the first two years postmigration in England with the intention of laying a foundation of new knowledge in this currently under-investigated phenomenon (Pressley et al., 2022; Buchan et al., 2022).

[Advice for overseas nurses joining the NHS – and their managers](#)

Nursing Standard, 22 July 2021

We look at the pastoral care available to international nurses, plus the first-hand experiences of recruits.

The episode looks at the pastoral care and guidance employers provide to these staff and the experiences of newly registered international nurses.

[International nurses and their initial integration into NHS England's healthcare workforce: a population analysis](#)

University of Huddersfield, no date

The national nursing workforce shortage is a growing concern. The NHS Plan's strategic goal is to recruit international nurses at scale to contribute to this shortage. The NHS is in a prime position to attract international nurses from many countries not least for its advancements in healthcare, established career opportunities, investment in continuing professional development and positive economic factors. Despite this, evidence on the experiences of international nurses in England is varied. An average of 1900 international nurses and midwives have left the NMC register during each consecutive year between 2014 and 2019.

Overseas nurse recruitment is complex, with international nurses facing many challenges in the process of joining and integrating into the workforce. There is, however a recognised paucity of literature on the topic and research available does suggest international nurses experience issues with integration and transition into the nursing workforce.

EDUCATION AND TRAINING

[Training Programs to Promote the Nursing Practice Skills of Overseas Qualified Nurses: A Scoping Review.](#)

Authors: Shoki, R.; Suzuki, H. and Ota, E.

Publication Date: 27 March 2023



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Journal: Pacific Rim International Journal of Nursing Research 27(2), pp. 286-302

Abstract: For overseas qualified nurses, training is important for adaptation to the nursing practices in their new country. As a precursor to a systematic review, we conducted a scoping review to map the contents and outcomes of all training programs used to promote the ability of overseas qualified nurses to adapt to nursing practice in their host country. We conducted a scoping review based on the framework proposed by the Joanna Briggs Institute. The searched databases were PubMed, EMBASE, CINAHL PLUS, British Nursing Index (BNI), and Japan Medical Abstracts Society. The search was conducted in December 2021. Fourteen studies that met the eligibility criteria were included in this scoping review. The program contents included language, knowledge for nursing practice in the host country, and clinical practice. Language skills included pronunciation and culture-based communication needed in nursing practice, while knowledge for nursing practice provided what was needed in the actual setting. Outcomes were assessed by participant experience, useful aspects and challenges of the program, language communication skills, and nursing competencies. Regarding program effectiveness, in the 11 studies that reported program evaluation, one of the three experimental studies found significant improvement of the skills of the intervention group. Six other studies, which evaluated qualitatively, reported positive responses from the participants. Programs that provided content that enabled overseas qualified nurses to acquire the knowledge and skills required in the host country contributed to promoting their ability to adapt to nursing practice. Only three experimental studies were conducted, indicating a lack of evidence to assess the effectiveness of the program.

[The learning experiences of international students in nursing and midwifery programs: A literature review](#)

Authors: Eden, Amye; Fleet, Julie-Anne and Cominos, Nayia

Publication Date: 24 March 2021

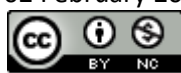
Journal: Nurse Education in Practice 52, pp. 103027

Abstract: Globally, education continues to diversify, with a growing body of literature that describes the experiences of international higher education students. While the research includes representation from the health sciences, nursing and midwifery programs are underrepresented; understanding the experiences of international students therein may assist in determining whether discipline-specific teaching, learning and support is required. This review aims to summarise international nursing and midwifery students' perceptions of challenge and enablement when undertaking an undergraduate or baccalaureate program. A total of 408 articles were identified and after duplicates were removed and inclusion/exclusion criteria applied, eight primary studies were included. No papers were identified that reported on the experiences of international midwifery students. For international nursing students, five themes emerged: language and culture, isolation and segregation, teaching and learning, services and support, and resilience and growth. This review concludes that the available data both affirms the existing body of knowledge around international students and illuminates unique challenges and opportunities for nursing students undertaking clinical placements. There is a need for increased language and peer support, socialisation and specially educated support staff. Research is required to identify best practice in teaching methodology for an increasingly diverse cohort and importantly, to provide a midwifery perspective.

[Exemplar or facilitator: An exploration of the lived experience of nurse mentors supporting the adaptation of internationally educated nurses.](#)

Authors: Smith, C. and Cantillon, P.

Publication Date: 02 February 2024



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Journal: Clinical Teacher 21(2)

Abstract: Introduction: Deficits in nursing workforces have led to major increases in overseas recruitment in many countries. Internationally educated nurses recruited within Ireland must complete an adaptation programme before they can practice nursing, a process contingent on the support from nurse mentors. However, it is becoming progressively difficult to identify nurses willing to act as mentors, threatening viability of overseas nurse recruitment. This research set out to address this problem by exploring the lived experiences of nurse mentors during the adaptation programme. Method(s): An interpretative phenomenological analysis research design was utilised to explore the experiences of nurse mentors. Semi-structured interviews were conducted with a maximum variance sample of 11 nurse mentors. The data were subjected to an Interpretive Phenomenological Analysis (IPA) sequential analytical approach yielding integrative themes. Result(s): The lived experiences of participants coalesced into three conceptual themes, mentor identity, sustainability, and learner socialisation. Participants who self-identified as 'mentor exemplars' expressed more negative perceptions of the role when compared with nurses who positioned themselves as 'mentor facilitators'. Nurse mentors were challenged by the complexities of intercultural dissonance and insufficient time and training for their mentoring role because of the pressures of clinical service. Conclusion(s): Although mentorship is essential for the integration of internationally educated nurses, the sustainability of the mentorship role is contingent on how it is supported through training and protected within busy clinical environments. Critically, nurse mentors need to learn how to conceptualise their role as one of facilitating the development of others rather than presenting themselves as exemplary role models.

[Bilingual modified flipped learning in international nursing education: A discursive approach.](#)

Authors: Cubelo, Floro

Publication Date: 21 September 2023

Journal: International Journal of Nursing Sciences 10(4), pp. 562-567

Abstract: Finland is experiencing a nurse shortage, leading to the recruitment of internationally educated nurses (IENs). The Finnish education system aims to attract more international students, including those in healthcare. International nursing students (INS) face challenges due to language barriers and cultural differences. This paper introduced the bilingual modified flipped learning (BMFL) approach to address these issues. The BMFL, grounded in constructivist learning theory, incorporated flipped learning and learning stations to facilitate INS integration. It emphasized autonomy and collaboration, with students engaging in pre-class content and in-class interactive activities. The strategy enhanced language skills, clinical decision-making, and communication. Policy and practice recommendations were proposed to support the integration of BMFL, targeting the alleviation of nurse shortages and facilitating the harmonious integration of INS into the Finnish healthcare workforce.

[Nursing students' experiences of communication in a multilingual and multicultural clinical environment: A qualitative study.](#)

Authors: Ashipala, D. O. and Matundu, M.

Publication Date: 18 July 2023

Journal: Nursing Open 10(10), pp. 6875-6884

Abstract: Aim: The aim of this study was to investigate nursing students' experiences of communication in a multilingual and multicultural clinical environment. Background(s): Effective communication in a healthcare setting plays a crucial role in patient care. Yet, since universities,



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globally, have experienced an increase in the enrolment of both local and international students in various degree programmes, student populations have become increasingly multilingual and multicultural. This study was conducted in a multilingual country where many languages are not spoken by all citizens, which results in nursing students experiencing varied outcomes. Design(s): A qualitative, explorative, descriptive research design was used. Method(s): Sixteen nursing students enrolled in either the Bachelor of Nursing Science (Clinical, Honours) or the Diploma in Nursing Science. Data were collected by means of in-depth, semi-structured interviews with a sample of 16 nursing students who were selected through convenience sampling. Data were analysed using thematic analysis. Result(s): The study revealed four themes: aspects that complicate communication; interesting aspects about communication; the need for communication assistance; and the need for policy intervention, which is key to addressing challenges in multilingual clinical environments.

[Nursing students' experience of learning cultural competence.](#)

Authors: Anton-Solanas, Isabel; Tambo-Lizalde, Elena; Hamam-Alcober, Nadia; Vanceulebroeck, Valerie; Dehaes, Shana; Kalkan, Indrani; Komurcu, Nuran; Coelho, Margarida; Coelho, Teresa; Casa Nova, Antonio; Cordeiro, Raul; Sagarra-Romero, Lucia; Subiron-Valera, Ana B. and Huercanos-Esparza, Isabel

Publication Date: 17 December 2021

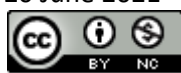
Journal: PLoS ONE [Electronic Resource] 16(12), pp. e0259802

Abstract: INTRODUCTION: European societies are rapidly becoming multicultural. Cultural diversity presents new challenges and opportunities to communities that receive immigrants and migrants, and highlights the need for culturally safe healthcare. Universities share a responsibility to build a fair and equitable society by integrating cultural content in the nursing curricula. This paper aims to analyze European student nurses' experience of learning cultural competence and of working with patients from diverse cultural backgrounds. MATERIALS AND METHODS: A phenomenological approach was selected through a qualitative research method. 7 semi-structured focus groups with 5-7 students took place at the participants' respective universities in Spain, Belgium, Turkey and Portugal. RESULTS: 5 themes and 16 subthemes emerged from thematic analysis. Theme 1, concept of culture/cultural diversity, describes the participants' concept of culture; ethnocentricity emerged as a frequent element in the students' discourse. Theme 2, personal awareness, integrates the students' self-perception of cultural competence and their learning needs. Theme 3, impact of culture, delves on the participants' perceived impact of cultural on both nursing care and patient outcomes. Theme 4, learning cultural competence, integrates the participants' learning experiences as part of their nursing curricula, as part of other academic learning opportunities and as part of extra-academic activities. Theme 5, learning cultural competence during practice placements, addresses some important issues including witnessing unequal care, racism, prejudice and conflict, communication and language barriers, tools and resources and positive attitudes and behaviors witnesses or displayed during clinical practice. CONCLUSION: The participants' perceived level of cultural competence was variable. All the participants agreed that transcultural nursing content should be integrated in the nursing curricula, and suggested different strategies to improve their knowledge, skills and attitudes. It is important to listen to the students and take their opinion into account when designing cultural teaching and learning activities.

[Accepting cultural differences in the integration of foreign medical students](#)

Authors: Faubl, Nora; Poto, Zsuzsanna; Marek, Erika; Birkas, Bela; Fuzesi, Zsuzsanna and Nemeth, Tímea

Publication Date: 20 June 2021



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Journal: Orvosi Hetilap 162(25), pp. 978-987

Abstract: SUMMARY: INTRODUCTION: In the increasingly multicultural social environment of the 21st century, intercultural knowledge as a social skill is gradually becoming a key competence. One of the possible areas of acquiring this competence is international student mobility, which is of increasing importance worldwide, including Hungary. OBJECTIVE: The focus of our study was to examine integration processes and the development and improvement of intercultural competence and sensitivity among Hungarian and international students, both in relation to the approximately 60 different cultures arriving in Pecs and in relation to the Hungarian host environment. In the course of our research, we sought - among other factors - areas, in which the differences between the original and the host culture are the most prominent, and we aimed at identifying those factors that are slowing down or supporting the integration during the adaptation period to another culture. METHOD: In our research, we used both quantitative and qualitative methods, in the form of a self-administered questionnaire and focus group interviews. General medical students of the University of Pecs studying in the German-, English- and Hungarian-language programmes participated in the survey during the spring semesters of the academic years between 2010 and 2018. We used our self-developed questionnaires (number of completed questionnaires: n = 13 084), which were filled in on a voluntary basis and anonymity was ensured. The questionnaires were supplemented with seven semi-structured focus group interviews over three academic years (n = 92 students). RESULTS: Regarding the adaptation to the host environment of foreign medical students studying in Hungary, relationship building arising from socialization, language and communication differences, proved to be a challenge. However, it can be stated that as the training time progressed, the difficulties arising from the differences decreased, so that the students gradually became more able to move towards an ethno-relative direction and evaluated the positive aspects of the multicultural environment. CONCLUSION: During studies in a multicultural university environment, the emergence and development of intercultural connections and collaborations enable and support the acquisition of intercultural competence for all of the students, which will be of great benefit for them, even beyond the university, in their future medical career.

[Graduate experiences with transnational nursing education: a qualitative enquiry](#)

Author: Naidoo, Vasanthrie and Sibiya, Maureen Nokuthula

Publication Date: 01 April 2019

Publication Details: International Journal of Health Care Quality Assurance, 32, (3) pp.562.

Abstract: Purpose-The purpose of this paper is to share insights, research findings and discuss key issues related to graduate experiences with transnational nursing education (TNE). Design/methodology/approach-The authors used a qualitative approach and sampled national and international nurse graduates to identify challenges and best operating practices in cross-border nursing program facilitation. Findings-This research paper has provided a platform for graduates to lend their voices to the promotion of effective cross-border nursing education delivery and suggests that although international collaborations endeavor to maintain high academic standards in TNE, there is still a need to re-engineer, revise and adapt curricular content, learning, teaching and assessment practices to aid the nursing student. Research limitations/implications-Identified challenges affecting the facilitation and delivery of crossborder nursing education programs can act as levers to improving service quality of present and future crossborder programs to the nursing student. This will assist future nursing students to recognize culture shock and embrace their decision to pursue nursing. Practical implications-The experience of being involved in TNE for nursing students may not be that much different than students of other disciplines. While not able to be generalized to the entire population, the reports by the nursing students in this sample appear to be valuable and worthwhile to continue supporting and encouraging other TNE opportunities.



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Originality/value-This paper explores cross-border nursing education experiences from national and international perspectives. The authors were able to explore inherent TNE challenges from diverse population and cultural backgrounds.

TECHNOLOGY

[Using Simulations to Help Public Health Students Overcome Language Barriers for Better Health Outcomes.](#)

Authors: Skjerve, Hilde; Braaum, Lars Erik; Goth, Ursula Smaland and Sorensen, Anette

Publication Date: 30 June 2023

Journal: International Journal of Environmental Research & Public Health [Electronic Resource] 20(13)

Abstract: Growing migration into Norway has increasingly strained the country's health services. Good communication is essential to ensure quality care. Often, healthcare workers and immigrant clients do not share a common language, and it is known that the conditions and expectations of immigrant clients can be different from the majority population. This study aimed to explore the viability of utilizing simulations as a pedagogical tool for educating public health students in effectively navigating a multicultural environment to promote better health outcomes. This study is a component of an extra-curricular training project that utilized a convergent mixed-methods design. The present study focuses on reporting the qualitative component of the findings. The data collection process encompassed the implementation of a stepwise simulation exercise with case-based clinical scenarios focusing on three lifestyle diseases specifically designed for this study. Method triangulation was achieved by using different methodological approaches in the analysis. Our results show the importance of simulation training for healthcare students when working with clients who do not share the same language. Interactions with clients of different backgrounds must be practiced, and simulations can be used to improve healthcare students' communication skills. The study highlights the need for healthcare education programs to integrate cultural competence simulation training and broaden the scope of medical training to address culturally challenging encounters.

[Overcoming Language Barriers in Academia: Machine Translation Tools and a Vision for a Multilingual Future.](#)

Authors: Steigerwald, Emma; Ramirez-Castaneda, Valeria; Brandt, Debora Y. C.; Baldi, Andras; Shapiro, Julie Teresa; Bowker, Lynne and Tarvin, Rebecca D.

Publication Date: 03 August 2022

Journal: Bioscience 72(10), pp. 988-998

Abstract: Having a central scientific language remains crucial for advancing and globally sharing science. Nevertheless, maintaining one dominant language also creates barriers to accessing scientific careers and knowledge. From an interdisciplinary perspective, we describe how, when, and why to make scientific literature more readily available in multiple languages through the practice of translation. We broadly review the advantages and limitations of neural machine translation systems and propose that translation can serve as both a short- and a long-term solution for making science more resilient, accessible, globally representative, and impactful beyond the academy. We outline actions that individuals and institutions can take to support multilingual science and scientists, including structural changes that encourage and value translating scientific literature. In the long term, improvements to machine translation technologies and collective efforts to change academic norms can transform a monolingual scientific hub into a multilingual scientific network. Translations



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are available in the supplemental material.

[Enhancing patient safety through the quality assured use of a low-tech video interpreting system to overcome language barriers in healthcare settings.](#)

Authors: Kletecka-Pulker, Maria; Parrag, Sabine; Doppler, Klara; Volkl-Kernstock, Sabine; Wagner, Michael and Wenzel, Thomas

Publication Date: 02 February 2021

Journal: Wiener Klinische Wochenschrift 133(11-12), pp. 610-619

Abstract: Professional interpretation and translation are key issues in the improvement of public health and patient safety in an area of increased migration and multicultural healthcare system needs. Patient safety requires clear and reliable communication to avoid errors in diagnosis, treatment, and neglect of informed consent. Due to the range of languages to be covered, telephone and video interpretation (VI) can be expected to face up to the demands for trained interpreters available on short notice and in more remote healthcare sites. In a pilot project, we implemented a new up to date model video interpretation unit and used a mixed methods approach integrating quantitative and qualitative data in assessing barriers encountered prior to the use of the pilot system and satisfaction with the use of video interpretation in a number of clinical settings, including inpatient and outpatient units, in Austria. Of all respondents (n= 144) 71% reported frequently encountering language barriers, only 37% reported the use of professional interpreters, 81% reported using siblings, parents or other non-professional interpreters, while a considerable percentage (66%) reported using gestures or drawings to communicate, resulting in very low overall satisfaction rate (only 12%) with the prior situation. In the qualitative study the users observed rapid availability, data protection compliance, ability to see the interpreter despite physical distance, absence of potential external influence resulting from personal relationships, user-friendly nature of the technique, legal certainty, absence of the requirement for personal presence, and cost savings as key benefits in the use of the new technology. Of the users of the system 88% (n= 58) rated it as very good (72%) or good (16%).

[Research reveals in impact of language barriers in UK healthcare](#)
Dental Nursing, 23 February 2022

Healthcare workers in the UK are losing as much as half a working day every week overcoming language barriers.

So big is the issue, that people working in UK healthcare admitted that there has been a time during their career that communicating with a patient or colleague with English as a second language has prevented, or delayed them, from giving the best care they could.

A fifth of those surveyed said they have faced language barriers when communicating with colleagues and patients, as often as every day.

The findings have been revealed in a new report conducted with 1,000 healthcare workers from across the UK by Pocketalk, a digital translation service which partnered with healthcare providers during the pandemic to help overcome language challenges.



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[The language of blame: Exploring the effects of non-native accents on post-accident blame attributions.](#)

Authors: Guzman, Felipe A. and Tempesta Fernandez, Antonella

Publication Date: 12 February 2024

Journal: Acta Psychologica 244, pp. 104189

Abstract: This peer commentary investigates how individuals assign blame to non-native supervisors after an accident where an employee suffers a workplace accident in a multilingual organization. Extending research presented in the focal article by Obenauer and Kalsher's (2023), the authors propose that supervisors with non-native accents are likely to be blamed after an accident they tried to prevent due to stereotypes and increased cognitive effort in processing accented speech. The authors discuss scenarios where, even when supervisors effectively conduct a verbal safety briefing warning employees about possible dangers, they are not excepted from blame. Additionally, the authors suggest that biases against non-native supervisors may extend to native speakers with strong regional or foreign sounding accents. Moving forward, this commentary encourages more nuanced theorizing around non-native accents and more research differentiating between various Latin/Hispanic accents.





FOR OFFICE USE ONLY

| DATABASES AND INFORMATION SOURCES USED | | | |
|--|----------------------------|--|-------------------|
| Pubmed | HMIC | | BMJ Best Practice |
| Medline | Social Policy and Practice | | Cochrane Library |
| Emcare | CINAHL | | TRIP |
| Embase | PsycINFO | | Grey Literature |
| AMED | UpToDate | | Other |

| PURPOSE OF SEARCH | |
|----------------------------------|---|
| Patient info/health & well being | Clinical decision making (inc. patient care) |
| Executive Team support | Research/Education/Professional development |
| Quality Improvement | Primary Care & Neighbourhoods Directorate support |
| KM/Management decision making | Other |

| USER CATEGORY OF REQUESTOR | |
|-----------------------------|-----------------------------|
| Medical students | Patients/public |
| Nursing/midwifery students | Physician Associates |
| Junior doctors | Public Health (Somerset CC) |
| Nurses/Midwives | Other – Improvement Advisor |
| Allied Health professionals | |

| HAS PERMISSION TO SHARE THE RESULTS BEEN OBTAINED FROM THE REQUESTOR? | |
|---|-------------------|
| YES - share | NO – do not share |





| KEY WORDS/SEARCH STRATEGY INCLUDING MESH HEADINGS | | LIMITS USED |
|--|--|-------------|
| Communication "nurse-to-nurse communication" "staff communication" miscommunication misunderstanding* "body language" perception* "language barrier*" | disadvantage* challenge* barrier* "multilingual" "multilingual speaker*" "multidiverse" "multicultural" "diverse culture*" "diversity" "different culture*" "ethnic minorit*" "transcultural nurs*" "foreign nurs*" "overseas nurs*" "international nurs*" | 5 years |
| "patient safety incident*" "patient safety" "patient experience*" "patient risk*" "risk factor*" complaint* "good practice*" "best practice*" benefit* advantage* | | |

| METADATA (TAGS) | | | |
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