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## Nursing people on stroke units whose first language is not English: a service evaluation

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### Introduction

The Francis Report highlighted the crucial role of 'patient experience' in healthcare quality (Francis, 2013). When examining healthcare disparities, ethnic and racial factors significantly influence how healthcare services are provided (Hamed *et al.*, 2022). Compared with their white peers, ethnic minorities are one of the under-served groups with low research inclusion and high health burdens (NIHR, 2020). They report worse health, experiencing poor health service experiences (Raleigh and Holmes, 2021). Ali and Watson (2018) illustrated how linguistic barriers make it difficult for nurses to establish a rapport with patients and provide focussed care. This service evaluation project addresses the experience of nurses nursing stroke in-patients with limited English proficiency across three stroke units in one NHS Trust in the South West of England.

### Method

Qualitative semi-structured staff interviews via Microsoft Teams were undertaken. Eight nurses with experience nursing stroke in-patients with limited English proficiency were recruited. Interviews were recorded and transcribed. Data were analysed and themes were generated (Braun and Clarke, 2021).

### Results

Three themes were generated:

- Accessing translators: translators were crucial but unavailable when needed by nurses.
- Finding solutions: obtaining support and finding solutions is challenging; staff resorted to gesture, and home-made cards.

- Privacy and confidentiality: nurses worried for the patient's rights when family members were used in translation.

## Discussion

This service evaluation aimed to understand the views of nurses with first-hand experiences nursing stroke patients. It set out to assess what the challenges are, what went well, and how nursing interventions can improve in relation to non-English communication challenges. While nurses used various strategies and resources, challenges persist in ensuring effective communication and delivering personalised care. They reported that the Trust's employed interpreters were not sufficiently accessible to support nursing interventions and processes. Interpreters tend to be employed for a formal meeting or a planned intervention. The nurses needed interpretation services to facilitate them undertaking the everyday nursing procedures that patients require and to clarify the basic human needs and wants of people when on a stroke unit. Participants were worried about maintaining confidentiality and privacy when using Google Translator® or family members for a 'quick fix' at the point of care. The diversity of languages spoken pose additional challenges in providing more tailored care solutions as a team.

## Conclusion

Service evaluation recommendations emphasised the need for enhanced interpreter services and better technological solutions at the point of care. While this linguistic problem makes accessing healthcare needs inefficient and quality care delivery ineffective, further research and policy-driven solutions are needed.

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