



## The Impact of Language Barriers on Nurse–Patient Communication and Clinical Errors

<sup>1</sup> Afsana Orujlu, <sup>2</sup> Sevinc Adigozalova  
<https://doi.org/10.69760/egille.2601008>

**Abstract.** Effective nurse–patient communication is a fundamental component of safe, ethical, and high-quality healthcare. In contemporary multicultural societies, however, language barriers remain a major obstacle to accurate assessment, therapeutic interaction, patient education, and clinical decision-making. This article examines the impact of language discordance on nursing practice and explores its relationship with clinical errors, patient safety, and quality of care. The study highlights how limited shared language between nurses and patients may lead to incomplete symptom reporting, misunderstandings during medication administration, difficulties in obtaining informed consent, poor discharge comprehension, and reduced adherence to treatment. Such barriers may also intensify emotional distress, weaken trust, and contribute to patient isolation within clinical settings. In addition, the article discusses the risks associated with the use of untrained family members or ad hoc interpreters, whose involvement may compromise confidentiality and distort medical information. Particular attention is given to strategies for reducing these risks, including the use of professional medical interpreters, visual communication tools, technological solutions such as video remote interpretation, and enhanced linguistic and cultural competence in nursing education. The article concludes that overcoming language barriers requires both institutional support and educational reform in order to reduce clinical errors and improve patient outcomes.

**Keywords:** nurse–patient communication, language barriers, clinical errors, patient safety, cultural competence

### Introduction

Effective communication is one of the central foundations of nursing practice. It shapes the quality of patient assessment, strengthens therapeutic relationships, supports emotional well-being, and contributes directly to safe clinical outcomes. Nurses rely on communication not only to gather information but also to explain treatment, reduce anxiety, promote adherence, and ensure that

<sup>1</sup> Orujlu, A. M. Lecturer, Nakhchivan State University, Azerbaijan. Email: [afsanaoruclu@ndu.edu.az](mailto:afsanaoruclu@ndu.edu.az). ORCID: <https://orcid.org/0009-0008-9137-2964>

<sup>2</sup> Adigozalova, S. A. Student, Nakhchivan State University, Azerbaijan. Email: [sevincadgzlv@gmail.com](mailto:sevincadgzlv@gmail.com). ORCID: <https://orcid.org/0009-0000-4296-034X>



patients understand their own care. In this sense, communication is not a secondary interpersonal skill but a core clinical competence (Belcher, 2009; Kourkouta & Papathanasiou, 2014).

In multilingual healthcare environments, however, language barriers significantly complicate nursing practice. When nurses and patients do not share a common language, the risk of misunderstanding increases across nearly every stage of care. Communication failures may affect history-taking, physical assessment, medication administration, discharge planning, and informed consent. As a result, language discordance should be understood not simply as an inconvenience, but as a structural and clinical risk factor that threatens patient safety and quality of care (Flores, 2005; Karliner et al., 2007).

Research has shown that patients with limited proficiency in the dominant language of care are more likely to experience adverse events, delayed diagnosis, prolonged hospitalization, and medication-related complications (Flores, 2005; Karliner et al., 2007). For nurses, who are responsible for continuous monitoring, patient education, and implementation of treatment plans, such communication barriers create additional professional and ethical challenges. When a patient cannot clearly describe symptoms or understand clinical instructions, the likelihood of error increases. In many settings, nurses still rely on multilingual relatives or untrained staff as ad hoc interpreters, a practice that raises concerns about inaccuracy, confidentiality, and incomplete transmission of information (Squires, 2018).

This article explores the effects of language barriers on nurse–patient communication and examines how these barriers contribute to clinical errors. It also discusses the emotional, ethical, and organizational consequences of communication breakdowns and identifies strategies for improving linguistic accessibility and safety in nursing care.

### **Communication as a Core Element of Nursing Practice**

Communication is the mechanism through which nurses perform many of their essential clinical functions. It supports information exchange, patient assessment, emotional support, and care coordination. Accurate and effective communication enables nurses to obtain detailed symptom descriptions, ask follow-up questions, identify priorities, and document patient needs appropriately. When this process is disrupted, assessment becomes less reliable, and clinical judgment may be compromised (Halter et al., 2014).

### **Information Exchange and Patient Assessment**

Nurses function as frontline healthcare professionals who monitor patients continuously and respond to both verbal and nonverbal signs of change. Accurate assessment depends on the patient’s ability to describe symptoms and on the nurse’s ability to clarify, interpret, and respond appropriately. If a patient cannot explain pain, discomfort, dizziness, nausea, or emotional distress clearly because of language limitations, important clinical details may be omitted or



misunderstood. This may lead to delayed diagnosis, inappropriate interventions, or failure to detect deterioration in time (Flores, 2005; Halter et al., 2014).

Language barriers can also affect communication across the healthcare team. Nurses often act as intermediaries between patients, physicians, pharmacists, and allied health professionals. If critical patient information is collected inaccurately at the nursing level, subsequent decisions made by the wider clinical team may also be affected. Thus, communication problems do not remain isolated but may create a chain of errors throughout the care process.

### **Therapeutic Relationships and Emotional Support**

Effective nurse–patient communication is also essential for building trust and empathy. Patients who feel heard and understood are more likely to engage in treatment, ask questions, and cooperate with care. Therapeutic communication reduces anxiety, improves emotional security, and increases patient satisfaction (Belcher, 2009). These relational benefits are especially important during hospitalization, when patients often experience vulnerability, fear, and uncertainty.

For patients who face language barriers, however, this therapeutic connection may be weakened or lost. When individuals cannot explain concerns or understand responses, they may feel excluded from their own care. This can create frustration, helplessness, and a sense of “clinical isolation.” Nonverbal communication may offer some support, but gestures, facial expressions, and tone cannot fully replace meaningful verbal interaction. As a result, the emotional and relational dimensions of nursing care may be significantly reduced in linguistically discordant encounters (Kourkouta & Papathanasiou, 2014).

### **Patient Education and Safety**

A major responsibility of nurses is to explain treatment plans, medications, procedures, and post-discharge instructions in language patients can understand. Patient education is crucial for safe self-care, medication adherence, complication prevention, and successful recovery. Misunderstood instructions may lead to non-adherence, overdose, incorrect medication timing, or failure to seek medical help when symptoms worsen (Squires, 2018).

This is particularly important at discharge, when patients must often manage medication schedules, wound care, dietary restrictions, or follow-up appointments independently. If language barriers prevent patients from understanding these instructions, the risk of readmission and adverse outcomes increases. Clear communication is therefore directly linked to patient safety and continuity of care.

### **Language Barriers as a Source of Clinical Errors**

Language barriers represent a significant patient safety concern. In clinical settings, inaccurate or incomplete communication may contribute to errors in diagnosis, medication administration,



consent, and follow-up care. Flores (2005) found that language-discordant encounters are associated not only with more frequent errors but also with errors that may have moderate to serious clinical consequences.

### **Diagnostic and Assessment Errors**

Reliable diagnosis begins with accurate history-taking and symptom interpretation. If a patient cannot adequately describe pain, onset, severity, or associated symptoms, the clinical picture may be incomplete. Nurses rely heavily on subjective reports to evaluate patient status, especially in areas such as pain assessment, postoperative monitoring, and mental health. Language-related misunderstanding may therefore contribute to inappropriate clinical assumptions and delayed intervention (Flores, 2005; Karliner et al., 2007).

Even subtle errors may have serious consequences. For example, a patient's description of chest pressure may be misunderstood as indigestion, or confusion may be interpreted as anxiety rather than as a sign of infection or medication reaction. The inability to identify and clarify these symptoms can place patients at considerable risk.

### **Medication Errors**

Medication administration is one of the most critical areas in nursing practice, and communication plays a central role in medication safety. Patients must understand what medicine they are receiving, why they are taking it, how often it should be taken, and what side effects may occur. If instructions about dose, route, timing, or frequency are misunderstood, the result may be non-adherence, underuse, overdose, or harmful misuse (Hatcher, 2015; Squires, 2018).

Language discordance may also interfere with nurses' ability to confirm allergies, adverse reactions, or previous medication history. When patients cannot describe their experiences accurately, the risk of medication-related complications increases. This shows that language barriers are not merely communication problems; they are directly connected to one of the most common sources of clinical error.

### **Informed Consent and Ethical Concerns**

Language barriers also raise serious ethical and legal issues, particularly in relation to informed consent. Patients cannot make autonomous decisions unless they fully understand the nature, risks, benefits, and alternatives of a procedure or treatment. If communication is inadequate, consent may become formal rather than genuinely informed (Hatcher, 2015).

In such cases, patients may agree to procedures they do not fully understand or reject important treatment because of fear and confusion. For nurses, this creates ethical tension, since they are expected to advocate for patient understanding and autonomy while working within time-pressured clinical environments.



## Causes of Communication Breakdown in Nursing Care

The effects of language barriers are intensified by a combination of linguistic, cultural, and structural factors.

### Use of Ad Hoc Interpreters

One of the most common and most problematic responses to language barriers is the use of ad hoc interpreters, such as family members, bilingual staff, or friends. Although this may appear practical, such individuals often lack the medical vocabulary, neutrality, and ethical training required for accurate clinical interpretation. Important information may be omitted, changed, softened, or reinterpreted according to personal judgment (Flores, 2005; Karliner et al., 2007).

Squires (2018) identifies three particularly serious interpreter-related problems: omission, substitution, and editorialization. Omission occurs when information is left out; substitution occurs when incorrect terms are used; and editorialization occurs when interpreters add their own interpretation or modify the message. In nursing care, such errors may affect everything from symptom description to medication instructions and consent discussions.

### Cultural Differences and Nonverbal Misinterpretation

Communication in healthcare is not purely linguistic. Cultural beliefs, values, communication styles, and nonverbal behaviors also influence understanding. A patient may avoid eye contact out of respect, but a nurse may interpret this as confusion or lack of engagement. Expressions of pain, discomfort, modesty, or emotional distress may differ across cultures, and these differences may be misunderstood when language barriers are present (Kourkouta & Papathanasiou, 2014).

Cultural mismatch can therefore compound linguistic difficulty. Patients may hesitate to ask questions, disclose sensitive information, or challenge healthcare professionals. As a result, the nurse may receive only partial information and may misjudge the patient's level of understanding or concern.

### Psychological Effects on Patients and Nurses

Language barriers affect not only information exchange but also the emotional experience of care. Patients who are unable to communicate effectively may feel fear, dependence, shame, or loss of control. They may stop asking questions altogether and become passive recipients of care rather than active participants. This phenomenon has been described as a form of "silent patient" behavior in which individuals withdraw from communication because they believe they cannot be understood (Kourkouta & Papathanasiou, 2014).

Nurses, in turn, may experience frustration, stress, emotional fatigue, and moral distress when they feel unable to provide appropriate care. Repeated communication failures can contribute to professional dissatisfaction and increased emotional burden in already demanding clinical settings.



## Strategies for Overcoming Language Barriers in Nursing

Addressing communication barriers in nursing requires a systematic, multi-level response. Temporary solutions alone are not enough; sustainable improvement depends on institutional commitment, professional training, and access to appropriate communication resources.

### Professional Medical Interpreters

The most effective strategy is the use of trained medical interpreters. Research consistently shows that professional interpretation improves communication accuracy, reduces clinical errors, and supports better patient outcomes (Flores, 2005; Karliner et al., 2007). Unlike family members or untrained staff, professional interpreters possess the linguistic competence, ethical awareness, and medical vocabulary necessary for accurate healthcare communication.

Their involvement is especially important during history-taking, informed consent, medication teaching, and discharge planning. Professional interpreters also help preserve confidentiality and reduce the risk of distorted or incomplete information.

### Technological Support

Technological tools may also strengthen communication in linguistically diverse healthcare settings. Video remote interpretation (VRI), telephone interpretation, multilingual mobile applications, and digital translation platforms can provide rapid access to language support, particularly in urgent or resource-limited contexts (Hatcher, 2015). Although these tools should not replace professional interpreters in complex clinical situations, they may be useful in improving access and responsiveness.

Visual aids, diagrams, pictograms, and translated medication guides can also assist patients with limited literacy or limited language proficiency. These tools are especially valuable in explaining medication schedules, self-care routines, and discharge instructions.

### Nursing Education and Cultural Competence

Long-term solutions require changes in nursing education and professional development. Nurses need training not only in communication skills generally, but also in linguistic sensitivity, cultural competence, and effective collaboration with interpreters. Educational programs should prepare nurses to recognize when language discordance places patient safety at risk and to respond using evidence-based communication strategies (Squires, 2018).

Training in methods such as teach-back, simplified language use, structured confirmation of understanding, and culturally respectful communication can improve both patient safety and therapeutic rapport. In addition, greater awareness of health disparities and linguistic exclusion may help future nurses approach communication barriers as systemic issues rather than isolated personal difficulties.



## Institutional Responsibility

Healthcare institutions must also assume responsibility for communication equity. Language access should be treated as an essential component of patient safety and quality assurance. Hospitals and clinics should establish clear policies regarding interpreter use, ensure staff access to interpretation services, and integrate language-support procedures into routine care delivery. Without institutional support, even highly motivated nurses may struggle to provide equitable care to linguistically diverse patients.

## Conclusion

Effective communication is a cornerstone of nursing practice and a prerequisite for safe, ethical, and patient-centered care. Language barriers significantly disrupt this process by interfering with assessment, medication safety, informed consent, therapeutic relationships, and discharge teaching. As the literature demonstrates, patients with limited language proficiency face increased risks of misunderstanding, adverse events, prolonged hospitalization, and reduced satisfaction with care (Flores, 2005; Karliner et al., 2007).

For nurses, language discordance complicates clinical judgment, increases emotional strain, and may contribute to moral distress when high-quality care cannot be delivered as intended. The problem is further intensified when healthcare systems rely on untrained family members or ad hoc interpreters instead of structured professional support.

Reducing these risks requires a systematic and multifaceted response. Professional medical interpreters, technological communication tools, visual resources, and culturally responsive nursing practice all play important roles in improving understanding and safety. However, lasting progress depends on broader institutional and educational reform. Nursing programs must incorporate cultural and linguistic competence more fully, and healthcare organizations must recognize language access as a patient safety priority. Only through such coordinated efforts can healthcare systems reduce clinical errors, strengthen nurse–patient communication, and ensure equitable care for linguistically diverse populations.

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Received: 01.15.2026

Revised: 01.25.2026

Accepted: 03.02.2026

Published: 03.16.2026



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Euro-Global Journal of Linguistics and Language Education  
Vilnius, Lithuania