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Communication Barriers Encountered by Anesthesiologists in a Multilingual Environment: The Nigerian Case Study

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Author's contribution

The sole author designed, analysed, interpreted and prepared the manuscript.

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ABSTRACT

Effective communication is essential for patient safety and successful outcomes of surgical procedures. Informed by the need for quality improvement in patient-anesthesiologist interrelations in a multilingual environment, this study dissects the barriers to effective communication, which confront anesthesiologists in the multilingual environment, as in Nigeria. The study proposes language-based techniques as the panacea for linguistic diversity, solecism, complex medical diction, and cultural and other barriers. The proposal is rooted in the Plan-Do-Study-Act framework. It concludes that where barriers to effective communication are duly addressed, improved patient-anesthesiologist communication, ethical professionalism, efficient performance and timely quality service delivery would obtain.

Keywords: Surmounting; communication; barriers.

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1. INTRODUCTION

Apart from communicating with patients, even surgeons and anesthesiologists as well as other professionals in the operating room need to communicate. The essence is to collaborate and work effectively in the operating room. Communicating as such has to be effective. Quality communication plays an essential role in anesthesiologists' undertaking of patients as well as their health needs [1]. The importance of communication to anesthesiologists is affirmed by Singh et al. [2], who show that because of the importance of communication to anesthesiologists, sign language was deployed by anesthesiologists for communication during the Covid-19 pandemic. The implication of the foregoing is that concerted efforts have to be made from time to time to meet the communication needs of anesthesiologists. That is why anesthesiologists devised sign language then for effective communication during the Covid-19 era.

Preoperative patients feel happy about, and satisfied with, the communication they get from surgeons and anesthesiologists in the operating room [3]. By implication, patients need anesthesiologists to communicate with them accordingly. That is because it exerts positive effect on them and on the work of anesthesiologists. Berhe et al. [1] reported good communication between anesthesiologists and preoperative patients as what impacts positively on efficiency, performance, service delivery, and productivity on the productivity, and builds patients' confidence and readiness for operation, and impacts positively on patient care and wellbeing. That is to say the impact of effective communication on the medical profession cannot be over-emphasized.

The importance of inter professional communication between operating room professionals and patients is emphasized by Etherington et al. [4]. It is realized from their systematic review of different literatures that communication helps in ensuring surgical patient safety [5]. Their literature lends credence to the present study in that it emphasizes the need for quality improvement through interpersonal communication among professionals in the operating room and the patients. In view of the foregoing, this study is aimed at describing barriers to effective communication confronting anesthesiologists in the multilingual environment, as in Nigeria. Besides, it seeks to describe how they can be surmounted. The study is informed by the need for quality improvement in patient-anesthesiologist interrelations.

2. EFFECTIVE COMMUNICATION

Effective communication involves using language effectively to convey the intended message to a given audience, while applying and observing language rules and the principles of communication [6]. It is observed that effective communication involves using the right lexicons according to the context of the communication [6,7]. Andras and Charlton [7] have noted that faulty communication occurs in organizations, when unfitting lexicon of a system's language is used. They give the following example:

In human language, the pronunciation of a meaningless phoneme such as 'belf' in the context of 'I am wearing a belf to keep my trousers up' is a faulty communication in English, since 'belf' is not a word. Similarly, the phoneme combination 'belch' would be a faulty communication in the context of 'I am wearing a belch to keep my trousers up' since, although belch is a word, a belch cannot be worn, and there is zero probability of producing this word in this context according to the grammar of English communication [7].

In the operating room, effective communication between team members and patients is direly needed for efficient performance, patient safety and successful outcomes of surgical procedures [8]. This thought is given credence by Kumar et al. [9], as they observe that effective communication can reduce risk factor for mishaps and complaints between members of the operating room and the patients. Just as Ali [10] emphasizes that nurses need to take cognizance of barriers to effective communication and consciously deploy efficacious strategies to mitigate them so also anesthesiologists ought to be and do same. In their empirical analysis of the communication skills of Indian anesthesiologists, Kumar et al. [9] reported that majority of their respondents confirmed that good verbal communication leads to a better patient outcome and a better management or resolution of conflict between anesthesiologists and surgeons.

3. CONVENTIONAL BARRIERS TO EFFECTIVE COMMUNICATION

For the purpose of this paper, barriers to communication are categorized into conventional

barriers and profession-specific barriers to communication. In other words, the barriers to communication are considered to be context-general and -specific. The latter barriers are of central concern to this paper, because they are the context-specific barriers that confront the anesthesiologists, particularly those in the multilingual environment like Nigeria. Nigeria is a multilingual nation with over 480 indigenous languages, most of which are not usually counted when mentioning that Nigeria has over 250 or 350 ethnic groups and languages [11,12,13].

As Nkereuwem et al. [14] note, the barriers to communication interfere with information (message or communicative content) transmission, comprehension and acceptance. Andras and Charlton [7] are of the view that faulty communication leads to the discontinuity of communication, misunderstanding and context errors. Matters arising from communication errors or faults are traceable to faulty sentences or lexicons that misled, misinformed and/or *disinform(ed)* the audience [12,15]. According to Nkereuwem et al. [12], the reason is simply because communicative faults or errors are expressed in sentences. Effective communication is not realised where faulty sentences obtain, because the faulty sentences transfer errors and the reverse of the writer's or the speaker's intention to the audience [12]. It is observed that incorrect descriptions of whatever subject matter or content of communication often lead to the incorrectness of what is intended, what comes afterwards as the end results, and what is decoded from the encoded message(s) in the incorrect descriptions or faulty sentences [12,7].

For Pfeiffer [16], the barriers to effective communication are: "preoccupation, emotional blocks, hostility, charisma, past experiences, hidden agendas, inarticulateness, stereotyping, physical environment, mind wandering, defensiveness, relationships, and status" (pp. 2-5). Nkereuwem et al. [12] are of the view that the categorised barriers tally with or reflect those of the other forms of categorisation, including the three major categories of conventional barriers to effective communication, which are the deficiencies of the sender, the deficiencies of the listener and inappropriate means of communication. These barriers also confront anesthesiologists in different contexts. Accordingly, the communication barriers from the sender include violation of language rules and communicative principles, faulty sentences, wrong diction resulting in badly encoded messages, poor or lack of planning, lack of clarity and ambiguity, difference in perception, wrong choice of channel, etc. [12].

The barriers to communication from the receiver include poor listening, lack of interest, difference in perception, and biased attitude, among others. And, the channel-based barriers include noise, wrong selection of medium, technical defects, etc. [12,17]. Consider the graphic representation of the barriers to effective communication below:

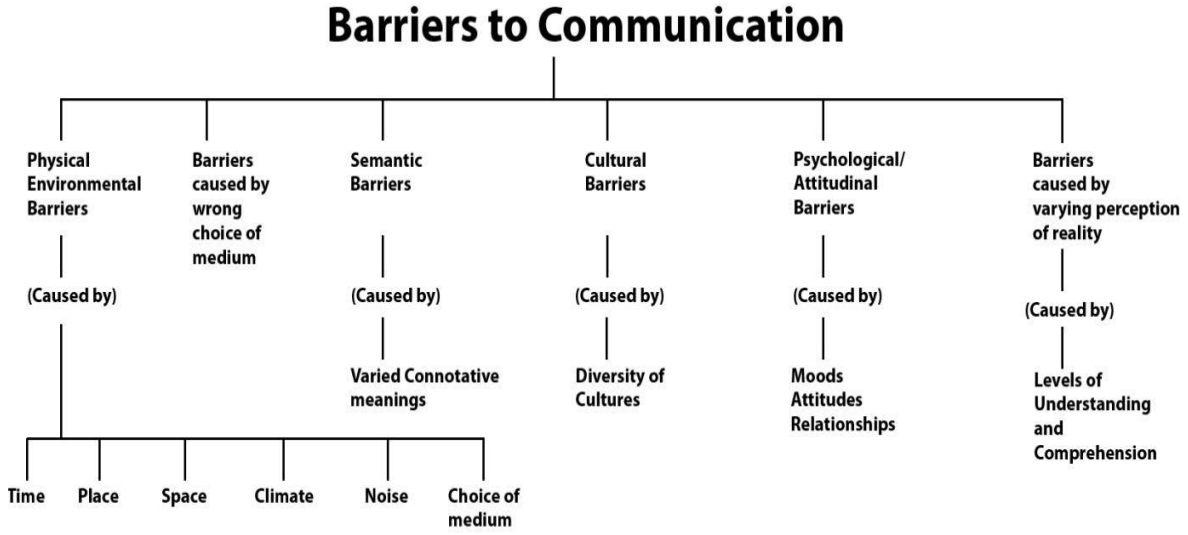

Fig. 1. Barriers to communication
Source: Lifted from Nkereuwem et al. [12]

4. BARRIERS TO ANESTHESIOLOGISTS' EFFECTIVE COMMUNICATION

Studies affirm the challenges posed by communication barriers to anesthesiologists on one hand, and confirm that practicing certain communication techniques would allow for overcoming the barriers to effective communication [17, 8]. For Team Leader: Amy Fleming [8], the interaction with unacquainted colleagues in the operating room creates a barrier to effective communication and teamwork. Etherington et al. [4] are of the view that professionals in the operating room face many challenges at the individual, team, environmental, and organizational level. Tylee's et al. [18] study reports that communication between anesthesiologists and patients about postoperative care is rare. The implication of this finding is that there is a gap in communication between anesthesiologists and patients to that effect, which has grave implications. It is to mitigate the effects or grave implications and as well avert the matters arising from the communication gap that this study advocates the use of language-based techniques to surmount the barriers to effective communication among anesthesiologists.

In addendum to Tylee's et al. [18] expressed finding above, this paper argues that communication between the two parties is rarer in the multilingual environment, where language barriers keep them apart in terms of communication. The study carried out by Grant et al. [17] reveals that professionals of critical care unit (CCU) largely affirm that noise poses hearing difficulty in operating rooms and creates the inability to filter out sounds. That is to say noise is a barrier to communication in the CCU. Ali's [10] study identifies background noise, demanding tasks and lack of privacy as barriers to effective communication between nurses and patients. This paper observes that effective communication between other medical professionals (e.g. anesthesiologists and surgeons) is also affected by those barriers identified by Ali [10].

Yazar et al. [19] gathered that anesthesiologists dealing with immigrant and refugee patients face communication problems. Their finding lends credence to the position of this present study that anesthesiologists in a multilingual environment face severe barriers to communication, which arise basically from the inherent plural linguistic situations in such an environment. Cultural values and beliefs involving incorrect assumptions do pose communication challenges to anesthesiologists in their communication with patients. Such values and beliefs can lead to misinterpretation or the reinterpretation of some essential messages. According to Kumar et al. [9], 62.7% of their informants considered language barrier at the workplace as a hurdle to service delivery, efficiency, performance, professionalism and productivity. 82% of them considered training on communication skills as what ought to be mandatory for all medical personnel, out of which 77.6% showed interest in participating in such training course.

Barriers belonging to the group of cultural barriers to communication include the constraints posed by language and cosmological differences. An experienced case, for a typical example, is one that this researcher had with a Spanish patient in a US hospital. Sometime in June, 2023, it took the researcher, an anesthesiologist, over 45 minutes trying to get the patient's compliance to the operating procedures. Being around 7am that fateful day, neither any interpreters or translators nor modern communication technologies for such needs were on ground. The Spanish woman understood nothing said in English and never accepted any professional explanations and surgical procedures until her daughter came in and explained everything said in English to her. After that, she then accepted and the needed activities were carried out. What ensued between her and the anesthesiologist caused delay, noise, distractions, and postponement of other patients' needs, which all had negative impact on quality service delivery, patient care and professionalism. Thus, the need for effective communication between patients and anesthesiologists cannot be overemphasized.

The anesthesiologists interviewed by Kumar et al. [9] told them that communication failure causes them stress. Over half of their respondents rejected the idea of preferring email and telephone communication to verbal communication. This means that verbal communication is more result-oriented and effective than telecommunication and digital communication. Also, effective communication is known to be constrained by environmental factors, such as noise, other distractions and interfered privacy [10], use of jargons (e.g. medical jargons) [20], time constraints [21], overloaded information, patients' fatigue, distress and pain [10]. Poor communication skills on the

part of anesthesiologists, the stress arising from communication failure, music in operating theatre, and language barrier(s) at work environment are identified by Kumar et al. [9] as the barriers to communication, which adversely affect communication by anesthesiologists.

5. SURMOUNTING THE BARRIERS TO EFFECTIVE COMMUNICATION AMONG ANESTHESIOLOGISTS

Leaning on Plan-Do-Study-Act framework, the study avers that anesthesiologists have to deploy routine strategies for surmounting the barriers to effective communication, which particularly confront the anesthesiologists in a multilingual environment, as in Nigeria and US where people of diverse linguistic and cultural backgrounds and orientations reside and work. Besides devising and deploying workable measures for the realization of such goals, plans should be made by individuals and groups involved on what to do and how to go about implementation. The next step is to study or examine the measures put into practice in order to test for their workability so as to know whether or not to sustain and improve them. Then, action follows suit for practical dispositions and successful implementation. To successfully experiment with language-based techniques, anesthesiologists have to be determined, ready and make concerted efforts to learn, internalize and speak and/or write the popular or official language of their host community. By doing so as a question of necessity, they would begin to surmount language barriers. Beyond language barriers, they move on to devising and deploying pragmatic ways of using language-based techniques to tackle communication barriers that are not necessarily language barriers, but other factors that hamper effective communication. Recall that they have been identified as well as discussed already.

Essentially, the enablers of effective communication are means of surmounting different communication barriers. The enablers of communication include health professionals making efforts to adapt to the presence of noise during communication, mastering non-verbal communication cues, such as gestures, and acquiring the ability to filter out unwanted sounds [17]. Etherington et al. [4] point out that the following enablers of effective communication: team integration, fattened hierarchies and structure/standardization. They note that communication can be improved by using the following techniques: checklists, safety brief, teamwork, having training on communication, and closed-loop communication strategy [4]. In a frustrating multilingual environment, such as the Nigerian multilingual environment, anesthesiologists are reported to be deploying language-based techniques such as body language and dictionary [19]. For this paper, the anesthesiologists have to force themselves to learn and speak or master and use at least the basic vocabularies of the local language(s) by imitation, inquiry, and introductory books on the local language(s) in use for formal purposes.

Interpretation, involving interpreters, translators and transcribers, is another viable language-based technique. Care should be taken in carrying out translation. While free translation rather than word-to-word translation is a better option to that end, translation principles must be adhered to. Although there are many definitions of translation, Simanjuntak's [22] definition is taken to suffice for the many others here, because it draws from the many earlier definitions of translation in linguistic literatures. Simanjuntak [22] avers that "translation generally refers to the process of transferring messages from one language (source language) to another (the target language)" (p. 39). Studies confirm translation to be a viable means of handling communication issues. It is confirmed to be playing a critical role in increasing intercultural relations [23,24].

Danbaba [25] notes that translators play significant roles that are other than dealing with linguistic elements involved in translation, as they play functions such as trying to communicate the meaning of the message and attaining accuracy, clarity and naturalness. Scholars, such as Dişlen-Dağgöl [23], McKay [26] and Robinson [24], hold that translators are needed in every organization, in order to play crucial linguistic, social, communicative and managerial roles. Kamil [27] calls the attention of translators to meaning, emphasizing that the meaning of the source text must be retained regardless of the style or kind of translation adopted. Tende and Georgewill [28] are of the view that the dissimilarities arising from globalization, migration, demographic shift and global economics have ushered in reasonable level of survival, success and improved functionality in product and/or service coverage and employee and customer satisfaction.

Earlier, Robert (2003) has averred that the inability to translate the dissimilarities among employees of a workplace into profitable ventures by many organizations has steered the near- collapse of such organizations. The foregoing views highlight the place of translation in improving and achieving great results in communication. Product-oriented translation is particularly needed by anesthesiologists and other scientists, because it is the type concerned with "the translation of abstract texts of scientific writing" [22]. According to Nababan [29], "product oriented translation research aims at proving whether a translation is of quality or not" (p. 121). Thus, this type of translation has to be deployed by anesthesiologists in the multilingual environment of anesthesia undertakings.

Sundari and Febriyanti [30] are of the view that translation is particularly needed in a multilingual setting, as a fifth skill of language. That is, it is needed additional to the core four language skills: speaking, writing, reading and listening. In the course of engaging in translation learning exercise, speech manner, structure and textual framework, among other factors, ought to be considered [31]. Also, one has to be conscious of what is being said [32]. It is imperative to note that translation should not be made arbitrarily, but in line with laid down norms, values and guiding principles of language in general and translation in particular. This paper argues that while smart technologies, including artificial intelligence, are useful tools for translation, there should be no over reliance on them for accurate translation, transcription and interpretation, as the results or contents produced by them are largely inaccurate compared to those done by human experts. This calls for research, development and more investment into manpower re/training for improvement, efficiency and quality results in the endeavor.

As Simanjuntak [22] points out, the essential principles of translation include accuracy, acceptability and readability. Others include objectivity, audience-focus, retaining the core messages in the source language, acquiring translation skills and discourse norms, and mastering and duly applying language conventions, among others. There are three rules for achieving good principles of translation [33]. The first rule states that translation should give a complete transcript of the ideas of the original work. This rule is obtainable in all regards and must be followed accordingly. The second rule states that style and manner of writing should be of the same character as that of the original. This rule only allows for word-to-word translation, leaving out other types of translation like free-translation. Being restrictive, the present study does not subscribe to the insistence on word-to-word translation. The third rule demands that translation should have all the ease of original composition. Although this is possible, it may not be obtainable in all cases. Thus, there is need to improvise if the need arises.

Further, Nida [34] has suggested the fundamental requirements for a good translation to be: making sense, conveying the spirit and manner of the original, having a natural and easy form of expression, producing a similar response, and meaning should have priority over form. Apart from the last requirement, others reflect or in line with those mentioned earlier above. In the course of maintaining the principle of readability [35,36,37] and comprehension, which demands that translation must be focused on helping the audience of the target language to comprehend the messages encoded in the sources [22], employees at workplace need to master this principle and translate into context of interpersonal relations with one another therein and with others outside their workplaces. Nida and Taber [37] have emphasized that translation should be characterized by accuracy in the course of transferring messages encoded in the source language to the target language. They insist that the accuracy of translation must be tested on the basis of the response of the target language text readers or listeners.

Their insistence captures Plan-Do-Study-Act framework in that the planned translation act, meant for solving language and communication problems, has to be put to the 'do' or 'doing' phase. The foregoing points highlight all that makes translation a viable language-technique for surmounting language and communication barriers. Again, it is observed that "readability depends on vocabulary and sentence construction used by an author in his/her writing" [38]. Other factors that can influence the readability of the text of the translation include "the use of foreign and regional words, the use of words and ambiguous sentences, the use of incomplete sentences, and thought lines that are not coherent" [39]. That is the presence of these factors hampers or affects the readability of what is translated.

On the whole, beyond addressing the context-specific or profession-specific barriers to effective communication among anesthesiologists, effective communication can be achieved by the context of communication, the kind of message to pass across, and the seven principles for increasing accuracy and clarity of encoded messages, as held by Chartier [40]. The seven principles are principles are "relevance, simplicity, definition, structure, repetition, comparison and contrast, and emphasis" [40]. The principles are summarized viz:

(i) Make the message relevant to the audience– listener/reader.

(ii) Keep ideas reduced to the simplest possible terms.

(iii) Before developing the messages or ideas, define them; explain before amplifying.

(iv) Organise the communicative content into a series of successive stages, by making the order or structure of the communicative content clear.

(v) The key concepts of the message should be repeated.

(vi) Relate new and old ideas, and associate the known with the unknown.

(vii) The focus should be on the vital aspects of the communication (pp. 26-28).

6. CONCLUSION

Smooth patient-anesthesiologist interpersonal relations and communication are essential for the wellbeing of the patients, successful professional outcomes of surgical procedures in forms of efficient performance and improved quality service delivery, and patient satisfaction and safety. Achieving these requires effective communication, among other needs. It is to achieve the aforementioned that this study emphasizes the need for anesthesiologists to surmount barriers to effective communication in the multilingual environment. Mitigating the barriers to ease the challenges they pose to anesthesiologists implies surmounting the barriers, averting the dilemma the barriers throw anesthesiologists into, and paving ways for attaining and sustaining smooth patient-anesthesiologist interpersonal relations and communication. Addressing the barriers also allows for successful surgical procedures, and patient wellbeing and satisfaction.

The study has succeeded in proving its thesis that the communication barriers faced by anesthesiologists in a multilingual environment is worse than those faced by their fellows who are in a monolingual setting. From the descriptive analysis done so far, it is realized that apart from the complexity of medical diction (jargons), anesthesiologists in the multilingual environment face issues of linguistic diversity, solecism, cultural barriers imbedded in the different languages of patients and professional fellows, and even misinformation from interpreters, which together adversely affect their (anesthesiologists') professionalism, efficient performance and timely quality service delivery. The study concludes that effective communication is essential for anesthesiologists to be free from language-imposed dilemma and provide safe and high quality care for patients.

It is quite obvious that the dire need for anesthesiologists to surmount language and other barriers to effective communication, which hamper or affect the achievement of quality care, patient satisfaction, and successful outcomes of surgical processes and operations, cannot be over-emphasized. For improvement, anesthesiologists should combine language education with individual willful efforts of going the extra-miles to do the needful. They have to learn and master the popular language(s) of communication of given multilingual areas, such as Nigeria and US, where they find themselves working in. Deploying pragmatic language-based techniques, such as translation, code-mixing and code-switching between a major international language (e.g. English, French, German, etc.) with one or more local language(s) while communicating, using sign language, and so on would help anesthesiologists a lot to mitigate the barriers they face in a multilingual environment.

CONSENT AND ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Author has declared that no competing interests exist.

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