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Commentary: Communication challenges between nurses and migrant paediatric patients

Catherine S O'Neill
Faculty of Nursing and Midwifery Royal College of Surgeons, Ireland

This study contributes to and engenders creative solutions on how best to ensure respectful, meaningful and effective communication with migrant patients and their families when receiving care in healthcare systems in resource-rich countries. People fleeing countries of origin are generally in need of humane, compassionate care due to strife in war-torn countries, civil conflict and social instability. Recently the United Nations expanded its definition of refugees to include people affected by natural disasters including climate change (Nicholas, 2019).

In developed healthcare systems constrained by the principles of cost efficiency and local contextual conditions, it may be that respectful communications are difficult to implement in all clinical encounters, even with local population groups. Respectful meaningful communication takes time and the sensitive use of an expansive or 'thick' discourse when health decisions need to be made by patients and or family members (O'Neill, 2012). But when migrant populations who do not speak the language of the country are the focus of care, specific communication demands arise, particularly around health decisions.

The authors of this research carried out a study in a paediatric unit in Switzerland, which treated 35 different nationalities in 2017, directing a critical lens on the issue of health decision making. Their research describes and shows how the nursing staff developed creative ways of communicating with migrant populations who present for treatment in their unit.

It is interesting that Swiss legislation does not require researchers in healthcare to submit research projects for external institutional review when patients are not specifically included as participants. In this study, the head of the clinic and nurse manager acted as gatekeepers to protect the patient population and the staff who were asked to participate in the study. Nonetheless, the authors have detailed the procedures used to ensure ethical conduct with all the participants and have explicitly described how the differing data-generation methods of observation, short interviews and focus groups were operationalised in an ethical manner throughout the study.

Corresponding author:
Catherine S O'Neill, Healthcare Educational Research Consultancy and Teaching Associate, Faculty of Nursing and Midwifery Royal College of Surgeons, St Stephens Green, Dublin 2, Ireland.
Email: catherinesarah60@gmail.com

The authors drew on a qualitative research design to answer the research questions and in their data analysis innovatively drew on Braun and Clarke's (2006) six-step framework.

Much of the research findings concurred with what has already been documented in the literature and described how the use of skilled interpreters and digital aids assisted the nurses in communicating with the children and their parents. What was new were the creative solutions devised by the nurses to navigate communication challenges that occurred due to differing cultural belief systems. Similarly, Bahraini nurses in intensive care units caring for a diverse mix of patient populations with differing languages devised creative ways of 'signaling' and creating awareness to family members when the death of a relative was imminent (O'Neill et al., 2016).

As a general rule, it appears nurses are creative practitioners in many clinical situations and the detail in this particular study of how the nurses innovatively used digital aids may be useful to digital designers who create these devices and enlighten them to the realities of clinical practice.

In resource-rich countries, integrating migrant populations demands governmental support with generous community engagement to generate creative ways of showing respect for the 'other'. The nurses in this study have in no small way contributed to finding methods to communicate and respect the differences of migrant populations.

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Catherine S O'Neill, PhD, RGN, FFNMRCSI, currently works as a freelance researcher and educational consultant in Ireland. Her special interests are healthcare philosophy and sociology with a particular emphasis on ethical care that is grounded in nursing and midwifery practice.