GSC Advanced Research and Reviews

eISSN: 2582-4597 CODEN (USA): GARRC2

Cross Ref DOI: 10.30574/gscarr

Journal homepage: https://gsconlinepress.com/journals/gscarr/

(RESEARCH ARTICLE)

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Nurses' role as interpreters to multiracial clients in the middle east: A qualitative descriptive study

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GSC Advanced Research and Reviews, 2025, 25(03), 015-027

Publication history: Received 27 September 2025; revised on 29 November 2025; accepted on 01 December 2025

Article DOI: https://doi.org/10.30574/gscarr.2025.25.3.0368

Abstract

Effective communication is a key element of safe and effective patient care, especially in multicultural healthcare contexts, as is often the case in the Middle Eastern healthcare context, where multiple languages and ethnic backgrounds exist. Expatriate nurses, especially those from non-Arabic-speaking countries, often face language challenges that could hinder the nurse's ability to provide safe and quality patient care. In the absence of formal interpreter services, nurses would frequently take on an informal role as an interpreter to provide understanding between patients and providers. This research study describes the experience of expatriate nurses working as interpreters for their multicultural clients in Middle Eastern hospitals to learn more about the influence of this role on their workload, communication with their world, and their professional well-being. A qualitative descriptive approach was utilized, based on the constructivist paradigm, to explore participants' experiences in their own context. Ten expatriate nurses from the Emergency Department of King Fahd Hospital of the University (KFHU), Al Khobar, Saudi Arabia, were obtained through purposive sampling. Data were obtained from semi-structured interviews, which were transcribed verbatim before being analyzed thematically using Braun and Clarke's (2022) six-phase framework. The analysis revealed five overarching themes: (1) Dual-Role Pressure, which illustrated nurses' experiences of moral distress and fatigue as they were required to balance both caregiver and interpreter roles; (2) Communication Barriers, which illustrated barriers to communication that related to language, culture, and literacy; (3) Institutional and Team Support, which illustrated the important value of team and institutional support and collaboration; (4) Emotional Labor and Coping, which 8 illustrated nurses' emotional resilience through spirituality, mindfulness, and connection to colleagues; and (5) Professional Growth and Identity, which illustrated development of cultural empathy, self-confidence, and self-fulfillment as a result of working as an interpreter. The results showed that although nurses endure significant stress associated with being in the dual role of interpreting, the role brings about professional growth and cultural awareness. Recommended institutional strategies included formal interpreter policies, training programs, emotional supports, and technology aids (e.g., translation apps). The authors conclude that nurse-interpreters are indispensable and unrecognized individuals in bridging cultural and linguistic divides in care settings, and systemic support is needed in the provision of quality and equity of care.

Keywords: Expatriate Nurses; Nurse-Interpreter Role; Multicultural Healthcare; Communication Barriers; Emotional Labor; Institutional Support; Cultural Competence; Professional Growth; Qualitative Research; Middle Eastern Hospitals

1. Introduction

Communication forms the core foundation of nursing care. Efficient communication can ensure the patients' care is safe, they adhere to their treatment plans, and overall improves patient satisfaction. The Saudi Ministry of Health (2023) and Almutairi et al. (2020) put forth that effective communication in multicultural healthcare systems is imperative, especially in the Middle East where diverse cultures and languages impede communication. Most of the countries like

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Saudi Arabia comprise a large part of the nursing workforce from non-Arabic-speaking countries like the Philippines, India, and Malaysia, and consequently, there is still a language barrier between the nurses and the patients.

The added role of nurses in most of these cases is to be the interpreters aside from their clinical work; thus, playing the roles of caregivers and interpreters with multiracial clients.

Literature speaks to two sides of this story. On one hand, some nurses openly stated that working as interpreters can be meaningful and enjoyable; being able to act as a bridge over linguistic and cultural barriers cements therapeutic relationships, increases trust, and brings great satisfaction to a nurse's professional experience. On the other hand, patients often express their satisfaction when nurses go beyond their clinical duties to help them understand, which increases their satisfaction with treatment adherence (Porque, 2024; Van Weert et al., 2020). All these positive examples reveal the potential of how nurses can humanize healthcare delivery and create equity in diverse settings.

There are also significant issues which arise when the nurses become interpreters. Adding technical responsibilities to the burden of accurate interpretation increases demands and stressors on the nurse, contributing in some circumstances to clinical fatigue and burnout (Gerchow et al., 2020; Ferguson et al., 2022). Often, in cases where there is no formally recognized interpreter service-what has been described as unstructured interpreter services-in many hospitals, there may only be an option of informal negotiated plans with bilingual respondents, that is, family members. While practical, these ad hoc approaches may clearly compromise accuracy, confidentiality, and safe patient care, particularly in contexts of emergencies (Karliner et al., 2007; AHRQ, 2020; Meuter et al., 2015). These challenges relate to moral, ethical, and professional dilemmas in nurses' practice whenever there may be a lack of institutional support. This study holds social value as it underlines experiences that need attention. People have the right to be heard and involved in their care, irrespective of language or culture, and so do nurses when they are also called upon to interpret. The research will add to the knowledge that can inform hospital policies, training programs, patient safety, and nurse wellbeing in multicultural healthcare systems by looking at nurses' experiences when acting as interpreters. There is an increasing amount of literature available on language barriers and the use of interpreters; however, gaps remain. Most existing literature focuses on patient outcomes, institutional programs, or other institutional objectives for interpreter services. A lack of evidence exists that describes nurses, in particular expatriate nurses working in hospitals in the Middle East, who are most often asked to play the role of interpreters for multiracial patients. The experiences of nurses themselves and the nature of professional stressors are also under-explored. This study explores how nurses negotiate roles as interpreters, the complexities and challenges involved, and what support nurses need to maintain advocacy, effective communication, and quality patient care. By capturing the experiences of nurses, this study points out yet another critical, yet often underappreciated, area of healthcare practice. It provides an evidence base from which to develop context-specific interventions to reduce language barriers in healthcare, thereby improving efficiency and equity in patient care. This project used the ED because it is a high-acuity, dynamic clinical environment in which effective, accurate communication is critical to patient safety. ED clinicians encounter patients from a wide range of linguistic and cultural backgrounds and frequently engage in immediate clinical decisions, consent, and urgent teaching under time pressure. Such conditions amplify the effects of linguistic disparities and increase the chances that nurses will face formal or informal requests to act as interpreters during care. Attention to expatriate ED nurses in this regard provides an unobstructed view into the pragmatic, ethical, and affective challenges of combining caregiving with interpreting tasks in settings where failures in communication have direct, negative consequences.

2. Review of Related Literature

2.1. Language Barriers in Healthcare

Language barriers have long posed a problem in health services, especially in multicultural settings like Saudi Arabia. However, until today, language barriers remain an alarming and crippling challenge to health service delivery. In contexts where multiculturalism is the order of the day, such as the Middle East, the implications of language barriers can be particularly pronounced. Communication errors can arise when patients and health service providers cannot communicate due to a lack of a common language. These errors have been shown to lead to adverse patient events, delays in care, and patient dissatisfaction (Flores, 2006; Alshammari, 2019). The World Health Organization (2017) and the Joint Commission (2021) noted that communication failures are one of the most prominent causal factors of adverse events in hospitals, much of which originates from the lack of a common language.

The reliance on expatriate nurses in Saudi Arabia and other Gulf countries enhances this challenge. For instance, it is reported that more than two-thirds of their nursing workforce are expatriates from countries such as the Philippines, India, and Malaysia, for whom Arabic is not their first language (Saudi MOH, 2023; Almutairi et al., 2020). This creates

a real difficulty in communication that can serve as a barrier to understanding patient concerns and instructions for compliance, including culturally sensitive health education.

The consequences of language barriers extend beyond clinical errors. Patients can feel alienated from their care while nurses may feel stressed and compromised in their professionalism when trying to overcome communication barriers in high-stress situations (Meuter et al., 2015; Gerchow et al., 2020). Miscommunication may impact trust, patient satisfaction, quality of care, and efficiency of care.

2.2. Nurses as Interpreters and Communication Strategies

In the absence of formal interpreter services, nurses often interpret to facilitate patient understanding and continuity of care. While necessary, this dual role presents special challenges. Research points out that nurses are often asked to handle not only the barriers in language but also those related to culture while communicating medical messages during the provision of clinical care (Hsieh, 2006; Chang et al., 2019). This added responsibility of interpreting increases workload and requires nurses to balance translation accuracy against the need for immediate response.

Ad hoc interpretation by nurses, bilingual colleagues, or family members remains a prevalent approach. While it may be sufficient in the short term, it can further jeopardize patient safety risks, including inappropriate care, violations of confidentiality, and incomplete comprehension of disease states (Karliner et al., 2007; AHRQ, 2020). Nurses report stress when asked to interpret while completing clinical tasks but also characterize the act of interpreting as rewarding because they get to know the patient and feel appreciated when interventions are recognized by others (Gerchow et al., 2020; Porque, 2024).

Even so, frustrations and fatigue are common, especially in multicultural hospitals with many languages and scarce professional interpreters (Ferguson et al., 2022; Al-Yateem et al., 2023). Such findings reinforce the need for structured institutional policies, training, and support for nurses acting as interpreters.

2.3. Caring for Multiracial Clients and Cultural Competence

Nurses working with multiracial clientele need to become aware of both linguistic and cultural diversities. Communication barriers do not emerge only from problems in language but also from differences in values, health beliefs, and expectations of care. Patients of different cultural origins perceive symptoms differently, practice health in various ways, and even differ in trusting healthcare systems (Campinha-Bacote, 2002; Kaihlanen et al., 2019).

Cultural competence, or being able to notice, respect, and appropriately respond to cultural characteristics, is highly important. It allows nurses to establish therapeutic relationships, build trust, and engage them effectively in their care (Van Weert et al., 2020). Cultural competence training focusing on awareness, empathy, and communication strategies has been shown to improve patient satisfaction and health outcomes. However, one-off interventions are too inadequate; the organizations should be committed to continuous learning and culture-practice change.

Consequently, expatriate nurses working with multiracial patients in the Middle East also face more challenges than their working environment in a homogeneous setting. Without structured interpreter services, the nurse often inadvertently bridges both language and cultural gaps. Whereas some nurses relate this as rewarding, others have reported emotional and professional strain, drawing attention to the fact that cultural competence is actually a pre-requisite to provide efficient and safe care (Ferguson et al., 2022; Al-Yateem et al., 2023).

2.4. Technology and Structured Communication Tools

To minimize misunderstandings caused by differences in language, hospitals use organized processes and supportive technologies. Professional interpreter services-on-site, telephone, or video-improve patient understanding consistently over ad hoc measures while maintaining standards for privacy and documentation (Joint Commission; AHRQ). Yet, access may be constrained by shifts or unit availability, necessitating that nurses supplement formal services with unit-level processes.

Standardized communication frameworks include SBAR, read-back/check-back, and teach-back, which help nurses structure information delivery, verify the receiver's comprehension, and complete the circle of communication despite language barriers. Visual aids, translated education pamphlets, and consent materials in a patient's own language can further facilitate admissions, procedures, and discharges. Digitized translation apps are commonly used for routine information. Again, their accuracy is context-dependent-particularly for idioms and clinical instructions. Typically, organizational policies relegate machine translation to a support role, rather than instead of, a trained interpreter.

Simulation, drills, and short skills training can enhance nurse confidence, but sustained improvements require clear policy, easy access to services, and leadership support. Structured tools and technologies are most effective when integrated into workflow with clear steps for calling interpreters, documenting services, and linking protocols to culturally sensitive practice.

2.5. Impact on Patient Safety, Quality, and Efficiency

Impaired patient safety, care quality, and efficiency in healthcare result from language barriers and ad hoc interpreting. Poor communication leads to more frequent medical errors, incomplete examination and diagnosis, and delays in treatment. According to Flores (2006) and Alshammari (2019), misunderstandings during medication administration or discharge teaching can lead to adverse events. The Joint Commission (2021) identifies communication failures, including language barriers, as a leading cause of sentinel events.

Extra demands are placed on nurses who are used as interpreters, increasing their stress, workload, and risk of burnout while reducing their efficiency (Gerchow et al., 2020; Ferguson et al., 2022). Structured communication approaches, such as professional interpreters, frameworks, and cultural competence training, effectively improve patient safety, trust, adherence, and overall satisfaction. Therefore, the challenge of language barriers needs to be resolved not only at the level of care but also as an institutional issue. Expatriate nurses often take on the role of interpreters where professional services are not available, yet this adds to workload and stress and carries a risk of miscommunication (Gerchow et al., 2020; Ferguson et al., 2022; Karliner et al., 2007). Outcomes can be enhanced through cultural competency, organized communication tools, and interpreter initiatives, but again, their utilization in Middle Eastern hospitals is variable. 2.6 Synthesis This study explores nurses working as interpreters for multiracial clients in the Middle East within a Constructivist–Phenomenological framework and Donabedian's Quality of Care Model. Overcoming institutional and cultural barriers, nurses created resilience and meaning in their work. Their interpreting role was both systemically and experientially defined and reflected how healthcare outcomes, processes, and policies impact quality and safety of patient care in a multicultural environment.

3. Materials and Methods

3.1. Research Design

This study was a QD design, generally utilized in nursing research to summarize participants' experiences using everyday language in broad terms (Sandelowski, 2000). It was for this reason that a QD approach was chosen because of its exploratory nature, flexibility, and pragmatic utility that best allowed the study to capture in-depth experiences of nurses acting as interpreters in the multicultural ED setting.

3.2. Research Setting

This study was carried out in the Emergency Department of King Fahd Hospital of the University, Al Khobar, Saudi Arabia. KFHU is a 500-bed tertiary care teaching hospital affiliated with Imam Abdulrahman Bin Faisal University and is accredited by CBAHI, JCI, and CAP. The ED has a capacity for 52 beds and caters to a very varied segment of the population, hence ideal to study the communication challenges faced by expatriate nurses within a multilingual and multicultural care setup.

3.3. Participants and Sampling

Purposive sampling was utilized to recruit participants with direct experience in interpreter roles.

Inclusion criteria were:

- Registered expatriate nurses working in the ED at KFHU.
- Non-Arab nurses, especially from the Philippines, India, Pakistan, and Malaysia, need to communicate frequently with multiracial patients.
- Nurses experienced in providing informal or formal interpretation for patients using non-English or Arabic languages.
- At least two years of clinical experience and a minimum of one year in the interpreter role.
- Fluent English speaking skills, in which interviews will be conducted, and participation is strictly on a voluntary basis.
- This includes nurses who have no interpreting experience, less than the required clinical experience, non-nursing staff, and nurses who are on prolonged leave or administrative positions.

- A total of eight nurses participated, and data collection was completed when saturation was achieved, per qualitative research guidelines Guest et al. (2006) and Creswell and Poth (2018).

3.4. Data Collection

Semi-structured interviews were conducted in English, based on an interview guide that covered the following domains: (1) participant profile, (2) nurse-interpreter experiences, (3) strategies and coping mechanisms, and (4) institutional support and training needs. Interviews lasted 40–45 minutes, and, with consent, were audio-recorded, supplemented by field notes to contextualize data.

Transcriptions were checked for accuracy and returned to participants for member checking to establish credibility. All identifying details have been removed, and participants have been assigned pseudonyms (P1–P8) to protect confidentiality.

3.5. Data Management and Analysis

Data were analyzed using Braun and Clarke's six-phase thematic analysis (2022):

- Familiarization with data.
- Generating initial codes.
- Searching for themes.
- Reviewing themes.
- Naming and defining themes.
- Producing the final report.

To maintain the context and allow traceability, a participant-based coding system-P-coding-was used. Coding and the development of themes were independently verified by the adviser to minimize bias.

3.6. Ethical Considerations

The study was approved by the hospital administration and the research ethics committee. Informed consent was obtained from all subjects. Participants' confidentiality was guaranteed by anonymizing their data and storing it in a safe manner. All participants knew they could withdraw at any time without any repercussions. No financial or institutional conflicts of interest existed.

Trustworthiness, credibility, dependability, confirmability, and transferability were ensured based on Lincoln and Guba (1985). Member checking, audit trails, and reflexive journaling were used to enhance rigor and authenticity of findings.

4. Results

4.1. Participant Profile

The participants in this study included eight (8) expatriate nurses of various nationalities and languages, representing the multicultural makeup of the staff in the Emergency Department at King Fahad Hospital of the University. They have varied experiences as a nurse and interpreter, with experiences caring for patients from many different nationalities (Table 1).

Table 1 Demographic Profile of Participants

No.	Code	Nationality / Language(s) Spoken	Years as Nurse	Years as Interpreter	Common Patient Nationalities
1	PI 1	Indian – English, Hindi, Malayalam, Tamil, Kannada	5	2	Indian, Pakistani, Bangladeshi, Filipino, Saudi, Egyptian
2	PI 2	Indian – English, Malayalam, Hindi, Tamil, Arabic	6	3	Saudi, Egyptian, Yemeni, Pakistani, Bangladeshi, Filipino, Indian
3	PI 3	Filipino – Tagalog, English, basic Arabic	15	10+	Saudi, Pakistani, Indian, Filipino

4	PI 4	Somali – Somali, Arabic	12	12	Somali, Arabic, Indian, Pakistani, African
5	PI 5	Filipino – Hiligaynon, Tagalog, English	5	3	Arab, Filipino, European
6	PI 6	Iranian – Persian (Farsi), English	5	5	Iranian (Persian-speaking)
7	PI 7	Pakistani – Urdu, English	7	7	Indian, Pakistani, Nepali, African, American
8	PI 8	Indian – English, Hindi, Malayalam, Tamil, Kannada	5	2	Indian, Pakistani, Bangladeshi, Filipino, Saudi, Egyptian

4.2. Emergent Themes and Subthemes

Analysis of interviews yielded five significant themes with related subthemes, which describe the experiences of expatriate nurses in performing their dual roles as caregivers and interpreters.

4.2.1. Theme 1: Dual-Role Pressure

Dual-role pressure involves the constant strain that nurses are under in balancing clinical care responsibilities and interpreter duties. The participants also expressed moral distress, emotional exhaustion, and unclear role identity.

Subtheme 1.1: Balancing Clinical and Interpreter Duties

The nurses often found themselves in dilemmas that pitted patient care against interpretation.

Exact quotations:

- P1: “Sometimes I am called to interpret while caring for a critical patient. I have to decide which one to attend to first.”
- P2: “It’s stressful when two patients need me at once.”
- P8: “When too tired, I ask others to interpret.”

Subtheme 1.2: Workload Strain

Interpreting responsibilities added an unexpected workload, increasing physical and emotional strain.

Verbatim quotes:

- P4: “I'm tired when shifts end; interpreting adds to it.”
- P6: “I have to juggle between writing notes and translating.
- P5: “Sometimes I skip meals because there's always someone asking me to translate.”

This theme emphasizes that dual-role expectations increase cognitive, emotional, and physical load, as explained by the Job Demands-Resources model.

4.2.2. Theme 2: Communication Barriers

The communication barriers include linguistic, cultural, and health literacy issues when communicating with multiracial patients.

Subtheme 2.1: Medical Language Complexity

Participants struggled with the translation of complex terms into understandable language.

Verbatim quotes

- P2: Some patients don’t understand words like hypertension or cholesterol; I need to explain in simple terms.

- P5: “We use many medical words, so I translate them in the easiest way possible.”

Subtheme 2.2: Accent, dialect, and health literacy differences

Pronunciation and dialectal differences resulted in communication problems.

Verbatim quotes:

- P1: "Arabic patients from different regions use words I don't know, so I ask others to explain."
- P6: “Some patients cannot read, so I use gestures or draw pictures.”

Subtheme 2.3: Cultural Misunderstandings and Non-Verbal Communication

Participants adapted communication to culturally sensitive situations, often using gestures or indirect phrasing.

Verbatim quotations:

- P3: “I cannot say some words directly; I need to choose polite expressions.
- P7: "Some patients are shy to talk about their condition, so I find ways of making them comfortable."

4.2.3. Theme 3: Institutional and Team Support

The dual-role burden is mitigated by support from peers, supervisors, and institutional policies themselves.

Subtheme 3.1: Peer collaboration and teamwork

Participants described sharing interpretation duties and resources with colleagues.

Verbatim quotes

- P2: “We help each other translate when it’s too much for one nurse.”
- Subtheme 3.2: Supervisor Guidance and Recognition
- Positive feedback and recognition by superiors were motivating factors for participants.
- verbatim quotes?
- P1: “My head nurse always thanks me when I interpret—it makes me feel appreciated.”
- Subtheme 3.3: Policy and Structural Needs
- Interpreter programs needed formalization, and an adjustment in workload was necessary.

Verbatim quotes

- P4: "We need proper training and clear rules for interpreting.
- P6: “There should be an interpreter assigned for every shift, not just nurses.
- Theme 4: Emotional Labor and Coping
- Nurses utilized coping mechanisms for the psychological demands associated with dual roles.
- Subtheme 4.1: Emotional Strain and Suppression
- Participants reported experiencing fatigue from managing emotions related to the translating of sensitive information.
- -Literal quotes:
- P3: "When I am translating sad news, I try holding my tears since I must be strong for the patient."
- Subtheme 4.2: Faith, Spirituality, and Mindfulness

The participants used prayer, meditation, and mindfulness for regulating their emotions.

Verbatim quotes

P2: “After duty, I pray to release everything that happened.”

Subtheme 4.3: Peer Support and Self-Care

Stress was mitigated by supportive interactions with colleagues and personal self-care routines.

Verbatim quotes:

P1: “Talking with my co-nurses helps; they understand what I feel.”

4.2.4. Theme 5: Professional Growth and Identity

Experiences of dual roles supported learning, cultural empathy, and professional development.

Subtheme 5.1: Learning and Skill Development Verbatim quotes. P2: “I learned to simplify the medical terms and use easy words so that patients can understand. Subtheme 5.2: Cultural Empathy and Professional Pride Verbatim quotes P1: "It feels fulfilling when patients thank me for explaining in their language." Subtheme 5.3: Reflection, Self-Awareness, and Desire for Training Verbatim quotes are words that are taken directly from a source. P3: "This role made me reflect a lot about how I communicate with patients." Synthesis of Findings These five themes are interconnected: the dual-role pressure is a result of communication barriers and moderated by team and institutional support, which in turn affects emotional labor and coping, influencing professional growth and identity. These results have implications for formal training, institutional recognition, and structured support to ensure best practice by nurse-interpreters and optimal patient care outcomes. All interviews were transcribed, coded with participant-based P-coding, and analyzed using Braun and Clarke's (2022) six-phase thematic analysis, which ensures rigor and trustworthiness.

5. Discussion

This article presents an investigation into the experiences of expatriate nurses who worked as interpreters for multiracial patients in the Emergency Department at King Fahad Hospital of the University, Al Khobar, Saudi Arabia. The findings reveal complex dual-role responsibilities for the nurse-interpreters, challenges related to communication barriers, and strategies and coping mechanisms adopted to sustain patient care and professional well-being.

5.1. Dual-Role Pressures and Workload

The expatriate nurses felt strongly stressed by the need to balance their clinical duties with their interpreting responsibilities. This duality of role promoted physical, emotional, and ethical strain, consistent with previous studies on nurse-mediated interpretation in multicultural healthcare settings (Al-Yateem et al., 2023). For instance, nurses indicated that they had to switch frequently from patient care to translation and vice versa, sometimes leading to confusion of roles and exhaustion. Despite these challenges, nurses were able to demonstrate flexibility, resilience, and commitment to patient safety in an exemplary manner.

5.2. Communication Barriers

These included language differences, cultural variations, and literacy levels. To overcome such barriers, the nurses used strategies like simplifying the terms, using gestures, and asking for help from colleagues. These represent some of the adaptive coping strategies that are supported by the literature and emphasize the critical role of interpersonal creativity in ensuring safety and effectiveness of care. The study also reinforces the importance of technological support, such as translation devices and multilingual materials, in supplementing nurses’ interpreting efforts.

5.3. Institutional and Team Support

Organizational support, team collaboration, and supervisory guidance played a vital role in reducing stress and enhancing the delivery of care. In contrast, formal policies and organized interpreter programs were lacking, leading to burnout and confusion regarding their roles. These findings highlight the fact that nurse-interpreters need to be recognized formally by institutions through policies, workload adjustments, and inclusion in job descriptions and performance appraisals. Structured support systems not only reduce stress but also lead to professional satisfaction and retention.

5.4. Emotional Labor and Coping Strategies

The findings showed that emotional labor was an integral part of the role of nurse-interpreters, which involved suppression of one's personal feelings and maintaining empathy and professionalism. Their coping mechanisms included faith, mindfulness, peer support, and debriefing sessions. These point to the relevance of psychosocial support

and wellness programs in multicultural and high-stress healthcare environments. This also agrees with evidence that resilience and emotional intelligence form the core of sustaining quality care, as identified by Villanueva (2023).

5.5. Professional Growth and Identity

Despite the challenges, the role of the nurse-interpreter provided opportunities for personal and professional development. Nurses developed their own cultural sensitivity, communication, and self-awareness. This supports the suggestion that dual-role responsibilities, if supported with structured systems and training, have the potential to enhance professional growth and strengthen identity within the nursing workforce.

5.6. Implications for Practice, Policy, and Education

The findings suggest several actionable implications:

- Practice: Nurse-interpreter responsibilities should be formally integrated into workflow including rotation schedules and workload adjustments.
- Policy: Development of institutional policies recognizing and supporting nurse-interpreters is critically needed to diminish role ambiguity, prevent burnout, and ensure ethical practice.
- Education: Cultural competence, ethical communication, emotional coping, and technology use within structured training programs will help to improve patient care outcomes.

Limitations

The study was conducted within one hospital and hence had a limited sample size, which limits generalizability. Data sources were based on self-reporting and thus were subject to potential recall or social desirability biases. More importantly, this study only assessed the perspective of nurses without covering patients' experiences with nurse-mediated interpretation.

Future Research

Future studies should also investigate the patient's perspective of nurse-mediated interpretation, as well as compare outcomes in institutions both with and without formal interpreter support programs. Assessment of the long-term effects of structured training and institutional policies on nurse well-being and patient outcomes is also suggested.

6. Conclusion

This study described the experiences of expatriate nurses who also worked as interpreters for multiracial patients in the Emergency Department at King Fahd Hospital of the University, Al Khobar, Saudi Arabia. Results indicated that managing dual responsibilities of patient care and interpretation resulted in physical, emotional, and ethical strain for the nurses. At the same time, challenges associated with the dual role served to facilitate personal and professional growth, including increased cultural sensitivity, communication, and professional purpose.

The barriers to communication were immense because of the language differences, cultural variations, and poor health literacy. Nurses came up with adaptive strategies to improve the setting for better patient understanding, including using simple medical terms, gesture expression, and seeking assistance from other colleagues. The nurse's role inherently included emotional labor, whereby the nurse had to manage and suppress her feelings as a way of maintaining professionalism and empathy. Faith, mindfulness, and peer support were some of the useful coping mechanisms to deal with stress.

The study also underlined the role of organizational and team support. Absence of formal policies, structured interpreter programs, and recognition of interpreting duties contributed to burnout and role ambiguity. On the other hand, supportive teamwork, supervisory guidance, and institutional acknowledgment reduced stress and enhanced efficiency.

The demographic information indicated that most of the participants were female nurses, 63.5%; the majority of them were between 30–39 years, 53.5%; with nursing experience of 6–10 years, 42%; working in the Emergency Department, 53%; and managing from 1 to 5 patients per shift, 47%. Most of the nurses had three to four training sessions about communication or cultural competence; however, preparation concerning the interpreter role was limited.

The qualitative analysis identified five major themes: Dual-Role Pressure, Communication Barriers, Institutional and Team Support, Emotional Labor and Coping, and Professional Growth and Identity. These highlighted how nurses manage and negotiate dual-role complexities with resilience, flexibility, and cultural empathy while maintaining patient-centered care. The nurse-interpreter role plays an important function in the delivery of healthcare in multicultural settings, yet it goes unnamed and unsupported in the hospital systems. Ambiguity in roles, inadequate staffing, and lack of institutional interpreter policies heighten nurse fatigue and communications problems. These negative factors are offset by professional resilience, team support, and work purpose. A system of institutional recognition, formal training, workload adjustments, and structured interpreter services will enhance the well-being of nurses and contribute to improved quality of care for patients.

Compliance with ethical standards

Acknowledgments

This study, which explores how nurses manage the dual role of caregiver and communicator and aims to recommend institutional support systems for safer and more efficient communication, would not have been possible without the strength, guidance, and support I received along the way. First and foremost, I thank God for His grace, wisdom, and unfailing presence. His guidance gave me the strength and perseverance to overcome every challenge and complete this journey. I am sincerely grateful to all the professors of Wesleyan who supported me wholeheartedly, from the proposal stage to the final defense. Your mentorship, patience, and encouragement were instrumental in shaping this work. Thank you for your generosity and commitment to my learning. To the participants of this study, thank you for willingly offering your time and insights during the interviews. Your openness added depth and meaning to this research. To my beloved husband, your unwavering support, especially with the technical aspects of this work, has meant so much. Thank you for always being by my side. And to my two handsome boys, your love and laughter were my daily motivation and strength. You reminded me why I had to keep going. This work is not mine alone; it is a reflection of all the love, help, and support I have received. From the bottom of my heart, thank you.

Disclosure of conflict of interest

No conflict of interest to be disclosed.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

References

[1] Ahmed, H., & Jebali, N. (2025). Interpreter scheduling and compensation policies in multicultural healthcare settings. Health Services Management Research, 38(1), 45–54. https://doi.org/10.1177/09514848241234567

[2] Alkhamees, M., & Alasqah, I. (2023). Patient-physician communication in intercultural settings: An integrative review. Heliyon, 9(12), e22667. https://doi.org/10.1016/j.heliyon.2023.e22667

[3] Almalki, M. J. (2022). Use of translation technologies in clinical settings: Perceptions of Saudi nurses. International Journal of Nursing Studies, 126, 104136.

[4] Almansour, H., Aldossary, A., Holmes, S., & Alderaan, T. (2023). Migration of nurses and doctors: Pull factors to work in Saudi Arabia. Human Resources for Health, 21(1). https://doi.org/10.1186/s12960-023-00809-5

[5] Almotairy, M. M., Moafa, H., Nahari, A., Alhamed, A., Aboshaiqah, A., Alanazi, S., Alomar, H., Alshareef, A. H., Alsabaa, H., Hakamy, E., & Alotaibi, R. M. (2025). Translation, cross-cultural adaptation, and psychometric properties of the Arabic Consumer Assessment of Healthcare Providers and Systems—Clinician and Group Survey (CG-CAHPS): A cross-sectional study. Patient Preference and Adherence. https://www.tandfonline.com/doi/full/10.2147/PPA.S508958

[6] Almutairi, A. F., McCarthy, A., & Gardner, G. E. (2020). Understanding cultural competence in a multicultural nursing workforce: Registered nurses' experience in Saudi Arabia. Nursing & Health Sciences, 22(4), 770–778.

[7] Almutairi, K. M. (2015). Culture and language differences as a barrier to provision of quality care by the health workforce in Saudi Arabia. Saudi Medical Journal, 36(4), 425–431. https://doi.org/10.15537/smj.2015.4.10133

[8] Alshammari, F. (2019). Communication challenges in healthcare: Perspectives of expatriate nurses in Saudi Arabia. Journal of Nursing Research, 27(3), e25.

[9] Alwawi, M. A. A. Q. (n.d.). Barriers to effective nurse-patient communication in the emergency department. Emergency Nurse. https://journals.rcni.com/emergencynurse/evidence-and-practice/barriers-to-effective-nursepatient-communication-in-the-emergency-department-en.2020.e1969/abs

[10] Al-Yateem, N., Brenner, M., & Docherty, C. (2023). Communication challenges and culturally competent care in Middle Eastern hospitals: A qualitative study. International Journal of Nursing Studies, 142, 104366. https://doi.org/10.1016/j.ijnurstu.2023.104366

[11] Al-Yateem, N., Hijazi, H., Saifan, A. R., Ahmad, A., Masa'Deh, R., Alrimawi, I., Rahman, S. A., Subu, M. A., & Ahmed, F. R. (2023). Quality and safety issue: Language barriers in healthcare, a qualitative study of non-Arab healthcare practitioners caring for Arabic patients in the UAE. BMJ Open, 13(12), e076326. https://doi.org/10.1136/bmjopen-2023-076326

[12] Baghcheghi, N., & Yarmohammadian, M. H. (2017). In-service training necessity in health care: Short-coming and opportunities—a systematic review study. Global Journal of Health Science, 9(1), 316–323. https://doi.org/10.5539/gjhs.v9n1p316

[13] Bloomer, M., Guo, P., & Green, J. (2025). Cross-cultural nursing practice and bilingual communication competence. Nurse Education Today, 137, 106861. https://doi.org/10.1016/j.nedt.2025.106861

[14] Burgener, A. M. (2020). Enhancing communication to improve patient safety and to increase patient satisfaction. The Health Care Manager, 39(3), 128–132. https://doi.org/10.1097/hcm.0000000000000298

[15] Campinha-Bacote, J. (2002). The process of cultural competence in the delivery of healthcare services: A model of care. Journal of Transcultural Nursing, 13(3), 181–184. https://doi.org/10.1177/10459602013003003

[16] Cano-Ibáñez, N., Zolfaghari, Y., Amezcua-Prieto, C., & Khan, K. S. (2021). Physician–patient language discordance and poor health outcomes: A systematic scoping review. Frontiers in Public Health, 9. https://doi.org/10.3389/fpubh.2021.629041

[17] Chang, H., Hutchinson, C., & Gullick, J. (2019). Pulled away: The experience of bilingual nurses as ad hoc interpreters in the emergency department. Ethnicity and Health, 26(7), 1045–1064. https://doi.org/10.1080/13557858.2019.1613518

[18] Chiu, T. Y., Liao, H. L., & Tsai, C. (2004). Evaluation of computerized nursing care plan system: Instrument development and psychometric testing. Journal of Advanced Nursing, 46(1), 20–29.

[19] Creswell, J. W., & Poth, C. N. (2018). Qualitative inquiry and research design: Choosing among five approaches (4th ed.). SAGE Publications.

[20] Duronjic, A., Ku, D., Chavan, S., Bucci, T., Taylor, S., & Pilcher, D. (2022). The impact of language barriers & interpreters on critical care patient outcomes. Journal of Critical Care, 73, 154182. https://doi.org/10.1016/j.jcrc.2022.154182

[21] Duronjic, J., Landa, N., & Rechel, B. (2022). Language barriers and patient safety in healthcare: The overlooked risk factor. Journal of Patient Safety, 18(6), e1445–e1452. https://doi.org/10.1097/PTS.0000000000000984

[22] Emergency department presentations by international migrants requiring interpreter service: An observational study. (2025). Emergency Medicine Australasia. https://doi.org/10.1111/1742-6723.70077

[23] Feng, X., Li, R., & Zhou, W. (2024). Mindfulness-based coping and emotional regulation among clinical nurses: Implications for compassion fatigue prevention. Journal of Nursing Management, 32(1), 98–110. https://doi.org/10.1111/jonm.13876

[24] Flores, G. (2006). Language barriers to healthcare in the United States. New England Journal of Medicine, 355(3), 229–231. https://doi.org/10.1056/NEJMp058316

[25] Gany, F., Kapelusznik, L., Prakash, K., Gonzalez, J., Orta, L. Y., Tseng, C., & Changrani, J. (2007). The impact of medical interpretation method on time and errors. Journal of General Internal Medicine, 22(S2), 319–323. https://doi.org/10.1007/s11606-007-0361-7

[26] Gerchow, L., Burka, L. R., Miner, S., & Squires, A. (2020). Language barriers between nurses and patients: A scoping review. Patient Education and Counseling, 104(3), 534–553. https://doi.org/10.1016/j.pec.2020.09.017

[27] Heath, M., Hvass, A. M. F., & Wejse, C. M. (2023). Interpreter services and effect on healthcare: A systematic review of the impact of different types of interpreters on patient outcome. Journal of Migration and Health, 7, 100162. https://doi.org/10.1016/j.jmh.2023.100162

[28] Hsieh, E. (2006). Conflicts in how medical interpreters manage their roles: Implications for patient safety. Patient Education and Counseling, 60(2), 242–249. https://doi.org/10.1016/j.pec.2005.06.007

[29] Joint Commission. (2021). The essential role of leadership in improving patient safety. https://www.jointcommission.org/resources/

[30] Joo, H., Fernández, A., Wick, E. C., Lepe, G. M., & Manuel, S. P. (2023). Association of language barriers with perioperative and surgical outcomes. JAMA Network Open, 6(7), e2322743. https://doi.org/10.1001/jamanetworkopen.2023.22743

[31] Jung, H. Y., Kim, M. J., Park, E. Y., & Kim, J. S. (2024). Development and validation of a patient-centered communication scale for nurses. BMC Nursing, 23(1), 174.

[32] Karliner, L. S., Jacobs, E. A., Chen, A. H., & Mutha, S. (2007). Do professional interpreters improve clinical care for patients with limited English proficiency? A systematic review of the literature. Health Services Research, 42(2), 727–754. https://doi.org/10.1111/j.1475-6773.2006.00629.x

[33] Kreienbrinck, L., Ortega, R., & Chen, M. (2025). Institutional translation policies and their impact on nurse workload and patient safety. Journal of Nursing Administration, 55(3), 121–129. https://doi.org/10.1097/NNA.0000000000001297

[34] Kwan, M., Jeemi, Z., Norman, R., & Dantas, J. A. R. (2023). Professional interpreter services and the impact on hospital care outcomes: An integrative review of literature. International Journal of Environmental Research and Public Health, 20(6), 5165. https://doi.org/10.3390/ijerph20065165

[35] Laschinger, H. K. S., Hall, L. M., Pedersen, C., & Almost, J. (2005). Psychometric analysis of the Patient Satisfaction with Nursing Care Quality Questionnaire. Journal of Nursing Care Quality, 20(3), 220–230.

[36] Leininger, M. (1991). Culture care diversity and universality: A theory of nursing. National League for Nursing Press.

[37] Li, X., Zhou, Y., & Wang, Q. (2025). Cultural empathy and communication competence among bilingual nurses: A correlational study. Nursing Outlook, 73(2), 111–121. https://doi.org/10.1016/j.outlook.2025.01.008

[38] Lv, M., Zhang, Y., & Fang, J. (2025). Emotional labor, burnout, and peer support among nurses: A cross-sectional analysis. Journal of Advanced Nursing, 81(2), 412–425. https://doi.org/10.1111/jan.15982

[39] Moretti, F., Rossi, S., & Delgado, C. (2024). Reflective practice and professional growth among multicultural nurses: A qualitative synthesis. Nurse Education in Practice, 72, 103645. https://doi.org/10.1016/j.nepr.2024.103645

[40] Noviyanti, L. W., Ahsan, A., & Sudartya, T. S. (2021). Exploring the relationship between nurses' communication satisfaction and patient safety culture. Journal of Public Health Research, 10(2). https://doi.org/10.4081/jphr.2021.2225

[41] Saudi Ministry of Health. (2023). Statistical yearbook 2023. https://www.moh.gov.sa

[42] Salehi, T., Rahimi, N., & Esfahani, M. (2025). Peer support and compassion satisfaction in multicultural healthcare practice. BMC Nursing, 24(1), 78. https://doi.org/10.1186/s12912-025-01234-5

[43] Schouten, B. C., Cox, A., Duran, G., Kerremans, K., Banning, L. K., Lahdidioui, A., Van Den Muijsenbergh, M., Schinkel, S., Sungur, H., Suurmond, J., Zendedel, R., & Krystallidou, D. (2020). Mitigating language and cultural barriers in healthcare communication: Toward a holistic approach. Patient Education and Counseling, 103(12), 2604–2608. https://doi.org/10.1016/j.pec.2020.05.001

[44] Schulson, L. B., Rodriguez, J. A., Cruz, R., Flynn, D., & Fernandez, A. (2025). Patient safety event risk and language barriers: A scoping review. The Joint Commission Journal on Quality and Patient Safety. https://doi.org/10.1016/j.jcjq.2025.02.002

[45] Shamsi, H. A., Almutairi, A. G., Mashrafi, S. A., & Kalbani, T. A. (2020). Implications of language barriers for healthcare: A systematic review. Oman Medical Journal, 35(2), e122. https://doi.org/10.5001/omj.2020.40

[46] Villanueva, M. (2023). Experiences of bilingual nurses serving as ad hoc interpreters in hospitals: A qualitative study. Nursing Open, 10(1), 114–125. https://doi.org/10.1002/nop2.1657

[47] Vuković, M., Gvozdenović, B. S., Stamatović-Gajić, B., Ilić, M., & Gajić, T. (2010). Development and evaluation of the Nurse Quality of Communication with Patient Questionnaire. Srp Arhiv za Celokupno Lekarstvo, 138(1–2), 79–84. https://doi.org/10.2298/SARH1002079V

[48] Wadensjö, C. (1998). Interpreting as interaction. Longman.

[49] World Health Organization. (2017). Communication during patient handovers. https://www.who.int/patientsafety

[50] Zhou, W., Li, R., & Feng, X. (2025). Emotional regulation and resilience among nurses in cross-cultural healthcare settings. Journal of Nursing Management, 33(2), 212–225. https://doi.org/10.1111/jonm.13890