Public Health Nurses’ Experiences of Using Interpreters when Meeting with Arabic-Speaking First-Time Mothers

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**Abstract**

**Objectives:** The aim of this study was to investigate public health nurses’ experiences of using interpreters when meeting with Arabic-speaking first-time mothers. **Design and sample:** An inductive qualitative design was used. Individual interviews were conducted with Swedish public health nurses (n = 11) with experience of working in child health care with interpreters when meeting with Arabic-speaking first-time mothers. **Measures:** Data were analyzed using qualitative content analysis. **Results:** The analysis of the interviews resulted in one overarching theme: Having to accept and learn to incorporate interpreters when meeting with Arabic-speaking first-time mothers. Three sub-themes were identified: 1) Enabling an understanding of the situation of the mothers; 2) Contributing to a trustful relationship; and 3) Creating disturbing elements in the dialogue. **Conclusions:** Using interpreters optimized the conversation between the public health nurse and the Arab-speaking first-time mother; however, the complexity of using interpreters is also apparent.

*Keywords***:** child healthcare, public health nurses, experiences, first-time mothers, interpreters, interview, qualitative content analysis

**Introduction**

The risk for postpartum depression among Arabic-speaking mothers who have immigrated to industrialized countries is high (Alhasanat & Fry-McComish, 2015). Support and encouragement from the public health nurse at a child healthcare center (CHC) is therefore important (Di Ciano, Rooney, Wright, Hay, & Robinson, 2010). The largest immigrant group in Sweden is Arabic and this group is expected to increase (Statistics Sweden, 2018). For mothers who are unable to speak and understand Swedish, a qualified interpreter is necessary (Brisset et al., 2013). However, using an Arabic interpreter might be challenging due to different ethnic origins, dialects, or gender (Hadziabdic et al., 2011). The interpreter must conduct an objective translation, maintain confidentiality, and have a good knowledge of medical terms (Hadziabdic et al., 2014). The use of interpreters is common in Swedish CHCs, but, to our knowledge, this is the first investigation of public health nurses’ experiences of using interpreters when meeting with Arabic-speaking first-time mothers.

**Background**

Swedish CHCs provide an extended, universal, nurse-led child health program that includes both parental support and health surveillance targeted toward all families and it is free of cost (Lefèvre, Lundqvist, Drevenhorn, & Hallström, 2015). The goal of CHCs is to reduce disease, mortality, and disabilities as well as to support parents in their roles. The CHC is led by a public health nurse who specializes in healthcare for children. All families are invited to participate in the child health program, starting from when the child leaves the maternity unit until the child is six years old and is transferred to the school healthcare program. The CHC program includes home visits, health examinations, vaccinations, and parental groups (Coyne, Hallstrom, & Soderback, 2016). It reaches approximately 99% of families; however, not all families take part in the full program. For example, only approximately 40% of parents participate in the parental groups. Those with a non-Swedish background, as well as young, single, or unemployed parents and parents with a low educational level participate in the CHC program to a lesser extent than other families (Fabian et al., 2006).

About 16% of the 10 million Swedish inhabitants are foreign born. In 2016, the Arabic speaking immigrants were the largest immigrant group, with about 55,000 individuals immigrating from Syria and Iraq (Statistics Sweden, 2018). Although many Arabic-speaking immigrants have integrated well in the Swedish society, it is a vulnerable group, which is more likely to have a low income, a higher unemployment rate, and worse health than the majority of the population of Swedish origin (Ny et al., 2008). Postnatal depression has been estimated to be high among Arabic-speaking mothers (Di Ciano et al., 2010). A recent study among Arabic-speaking immigrants in the US found that 36% of the participants were at risk for developing postpartum depression, compared to about 14% of mothers in the US (Alhasanat, Fry-McComish, & Yarandi, 2017). First-time mothers from Arabic speaking regions have a lower mean age than first-time mothers with a Swedish origin (Statistics Sweden, 2018). Cronin and McCarthy (2003) found that several young Irish mothers felt unprepared for birth and motherhood, and they felt a sense of depression, loneliness, and problems associated with living in a limited space. The grandmother of the baby was seen as a great resource (Cronin and McCarthy, 2003); however, the Arabic-speaking, first-time mothers in Sweden often left their parents and relatives in their home country, entering the immigrant country only with their husband (Statistics Sweden, 2018).

Inequities in health are systematically distributed along a social gradient as well as between societies (WHO, 2008). To counteract these inequities, interventions in child health care have been implemented in some disadvantaged areas in Sweden (Barboza, Kulane, Burstrom, & Marttila, 2018). Individuals who do not speak or understand Swedish have the right to an interpreter when communicating with the healthcare system (Hadziabdic and Hjelm, 2013). However, there is a lack of qualified, educated Arabic-speaking interpreters, and there is no formal regulation of the education level of the interpreters used in the Swedish healthcare system (The National Board of Health and Welfare, 2016).

The CHC offers health support free of cost; however, vulnerable groups, such as mothers with a non-Swedish background, participate to a lower degree, although the need might be significant (Fabian et al., 2006). With a better understanding of the public health nurses’ experiences of using interpreters in meeting with Arabic-speaking first-time mothers, it might be possible to find ways to increase the support for mothers in need. In summary, the large amount of Arabic-speaking first-time mothers visiting Swedish CHCs and meeting with public health nurses and an interpreter justifies further exploration. Issues regarding the public health nurses’ experiences of using interpreters with Arabic-speaking first time mothers have, to our knowledge, not been investigated previously in Sweden or internationally.

**Aim**

The aim of this study was to describe the public health nurses’ experiences of using interpreters when meeting with Arabic-speaking first-time mothers.

**Methods**

**Design and sample**. An inductive qualitative design was used to enable an understanding of the public health nurses experiences, and this is the focus of the study (Polit & Beck, 2017). The study was conducted in three municipalities in southern Sweden consisting of both urban and rural areas. Letters with information about the study were sent to the administrators of the 15 CHCs in the included area, and 11 of them accepted participation and provided contact information to the public health nurses working in areas with a multi-ethnic population. Emails with information about the study were sent to the public health nurses (n =16), of whom five declined due to time constraints, but the remaining nurses (n=11) accepted participation in the study. These interviews were considered to be sufficient, since no new content was received in the last sets of interviews (Polit & Beck, 2017).

All of the included participants were registered nurses (RN) with specialist training in public health and in child and adolescent health (in total a minimum of four years of university studies). One public health nurse had fewer than five years of working experience at the CHC, three had six to ten years, and seven had more than ten years of experience. All of the public health nurses spoke fluent Swedish, and none of them spoke Arabic, but all of them had extensive experience in interacting with Arabic-speaking first-time mothers using interpreters in child healthcare.

**Measures**. Qualitative data were collected using semi-structured interviews (Brinkmann & Kvale, 2015) from 11 Swedish public health nurses. The semi-structured interview guide (Polit & Beck, 2017) consisted of two parts. The first part was comprised of three closed-ended questions regarding education and years of working experience. The second consisted of open-ended questions concerning the public health nurses’ experiences of encounters with Arabic-speaking first-time mothers and interpreters. The nurses were asked to describe a situation with an interpreter and an Arabic-speaking first-time mother. To obtain more informative interviews and a deeper understanding, further questions such as “please tell me more”, “what do you mean?”, “how did you feel?”, and “what did you do?” were posed. One pilot interview was conducted to evaluate the interview guide, but no changes were needed, and the pilot interview was included in the analysis. The interviews were conducted by the first author at the public health nurses’ workplaces between May and November 2014. All interviews were audio-recorded, lasted 45-60 minutes, and were transcribed verbatim by the first author.

**Analytic strategy**. The transcribed texts were analyzed using qualitative content analysis (Graneheim and Lundman, 2004). This is considered an appropriate approach for analyzing interview data and interpreting its meaning in a systematic way by focusing on relevant data. Content analysis focuses on the variations in respondents’ experiences (Krippendorff, 2013) and comprises descriptions of the concrete (manifest) content and interpretations of the abstract (latent) content.

The analysis started with reading each interview transcript to obtain a comprehensive sense of the overall situation. This was performed independently by the first and third authors, who then met and discussed the content of the text. Subsequently, all text were then read again to identify meaning units related to the aim of the study. Condensed meaning units were then abstracted and labeled with a code. During the condensing and coding process, the text was considered as a whole. The codes were compared based on differences and similarities and sorted into three sub-themes and one overarching theme by all three authors. The three authors met to review and reflect over the analysis process and the coding frame. Trustworthiness was increased because the analysis was discussed with all three authors until consensus was obtained. Quotes from the interviews are presented in the results section to illustrate the sub-themes. The analysis was mainly data-driven (inductive), which allowed patterns of content that emerged from the text to be further categorized in a manifest level of interpretation, and to finally be synthesized into a latent interpretation with a theme and three sub-themes.

**Ethical Considerations**

The study was planned and conducted in accordance with the WMA Declaration of Helsinki (WMA, 2013). Permission was given by all responsible managers. Both oral and written information about the study and its voluntary nature were provided to the participating public health nurses. All participants gave their written informed consent. Prior to the recruitment of participants, an application of ethical approval was examined and approved by Kristianstad University (2017-232-198).

**Results**

In the results section, the use of interpretation is described as it was experienced by the public health nurse in the conversation with the Arabic-speaking first-time mother. The analysis of the interviews resulted in one overarching theme: the public health nurses had to accept and learn to incorporate interpreters when meeting with Arabic-speaking first-time mothers at work. The theme consisted of three sub-themes, presented in Table 1.

Table 1: Overview of the theme and the sub-themes.

|  |  |
| --- | --- |
| Theme | Sub-themes |
| Having to accept and incorporate interpreters when meeting with Arabic-speaking first-time mothers | * Enabling an understanding of the situation of the mothers |
| * Contributing to a trustful relationship |
| * Creating disturbing elements in the dialogue |

**Having to Accept and Learn to Incorporate Interpreters when Meeting with Arabic-speaking First-time Mothers**

The public health nurses described that using interpreters when communicating with Arabic-speaking first-time mothers was necessary, and that it was something that they had to accept and learn to incorporate into their work lives. The Arabic-speaking first-time mothers were often young and did not have a strong social network. The public health nurses expressed that many Arabic-speaking first-time mothers missed their own mothers, i.e. the baby’s grandmother. Using interpreters contributed to an enhanced understanding of the mother’s situation, and it created security for both the mother and the nurses, but they also found that the quality of the interpreting could vary considerably.

**Enabling an understanding for the situation of the mothers.** The public health nurses expressed that the interpreter enabled an understanding for the situation of the Arabic-speaking first-time mother by translating and conveying messages. The nurses stated that with the help of the interpreter they could speak directly to the mother, and the interpreter acted as the second voice of the nurse. The nurses expressed respect for the competence of the interpreters; for example, the interpreter acted as an extension of the nurse, and the nurse was almost not consciously aware of having an interpreter in the discussion with the mother:

I can almost speak with the [Arabic-speaking first-time] mother face-to-face…across from each other, and the interpreter just talks as my second voice. It has been really important. It is a very good aid, very good. (Informant 6)

The public health nurses felt that the use of interpretation enabled them to identify potential problems of the mother at an early stage. Without the interpreter, the public health nurse would talk with the Arabic-speaking first-time mother using the sporadic words that the mother knew in Swedish, and the counselling would have ended at that level. A public health nurse expressed this sentiment in the following manner:

The interpreter is a great aid in the conversation so that the [Arabic-speaking first-time] mother can understand my information, and I can understand her problems. (Informant 8)

The interpreter, therefore, became a resource in the communication between the nurse and the mothers when conducting, for example, child development assessments, immunizations, parental support groups, and in depression screening discussions. The Arabic-speaking mothers could respond to the questions of the nurses using the interpreter, and they could also pose questions. The public health nurses could, therefore, maintain a dialogue with the mothers, and they experienced that this was a prerequisite in achieving mutual understanding. This was expressed in the following quote:

The [Arabic-speaking] interpreter translates what I say to the mother, and the mother also speaks through the interpreter and asks questions of me. The communication goes back and forth, so to say. (Informant 9)

The public health nurses experienced that through the efforts of the interpreter, they could establish contact with the mother and provide resources to ensure future contact. The use of interpreters was described as enabling more comprehensive and thorough counselling for the mother. Furthermore, the nurses felt that a conversation with the Arabic-speaking mother without an interpreter would not lead to understanding or the possibility of providing support to the mothers according to their individual needs. The mothers were described as needing to talk about breast-feeding, vomiting, nail hygiene, stomach aches, sleep, and other anxieties regarding motherhood. Using an interpreter in the conversation with Arabic-speaking mothers was important for the public health nurse to capture the experience and the thoughts of the mother regarding being a mother for the first time:

Yes, it means a lot that you get the version of the mother and the views of the mother on events and issues, and that it is the nuances of the mother and her responses that you get from the interpreter. I know what the mother thinks and feels when I have a professional interpreter. (Informant 10)

**Contributing to a trustful relationship.** The public health nurses described that the Arabic interpreter was a co-creator in building a trusting relationship between the mother and the nurse. The nurses expressed that by engaging the same interpreter, a continuity arose that contributed to a trustful relationship. They thought that the interpreter conveyed the emotions of the mother, and, therefore, the mother continued to be more open when communicating. For example, the conversation often started with common issues such as the weight gain of the child, child development, and meal habits; then, after a while, when the trust was built up and they felt secure, the mothers would begin to talk about their anxieties. The efforts of the interpreter helped the public health nurse to hold a conversation with the mother, which in turn contributed to establishing a trustful relationship.

It is a form of security for the mother to get a translation and to be understood. It is also security for me in my professional role, first and foremost to confirm that this is okay, that this dialogue is working. Then, I do not need to worry, and then the mother does not need to worry either. (Informant 1)

Some of the public health nurses articulated that they, in turn, created trust by continuously having a dialogue with the mother using the Arabic interpreter and also by listening to the anxieties of the mother and checking to make sure she understood everything being said. The nurses found that Arabic-speaking first-time mothers had many worries and questions but that they needed a secure space to have the confidence to ask important questions; therefore, they believed that an interpreter was needed. Several nurses articulated that it was easier to create a secure atmosphere with female interpreters, since the mother often had to breastfeed her baby during the visit. Several nurses reported that they tried to reserve female interpreters, if possible.

The Arabic-speaking mother has many questions. She might be new in the country, and she might not dare to ask, and in this case the interpreter makes a lot of effort to bridge this gap; they need to understand how this mother feels. The interpreter needs to have an understanding because the mothers are vulnerable, and they are in a special situation. This is an important discussion. (Informant 4)

**Creating disturbing elements in the dialogue.** The public health nurses also had experiences of disturbing elements when communicating with Arabic-speaking interpreters. They had encountered interpreters with insufficient understanding of the Swedish language. The public health nurses recalled situations when the interpreter was unengaged, uninterested, checked their watch or their phone, sighed, or looked tense or unfocused. The public health nurses described that the disturbing elements had an influence on the communication quality between the mother and the nurse and that the body language of the interpreter as well as the tone of voice was important in achieving the nuances of the interpretations.

I observe the mother all the time. If I notice that she is not comfortable with the interpreter, then, of course, I do schedule a new appointment with another interpreter as soon as possible. (Informant 3)

Some public health nurses shared experiences of when the interpreter did not translate correctly or who, on their own authority, gave advice or asked questions. The public health nurse noticed some situations when the interpreter talked for a long time and also when the feedback from the Arabic-speaking mother was different from what was being discussed with the nurse. The advice could originate either from the interpreters themselves or from something that the interpreters had heard from another public health nurse. The nurses had heard advice from interpreters concerning the appropriate cream for skin rashes, breastfeeding, and accident prevention as well as where to find someone to perform a circumcision.

Well, I kind of felt locked out from the conversation, I have to say. I noticed that the interpreter asked questions to the mother, and the mother answered, and a dialogue arose between them while I was just sitting there. And then I noticed that they were not talking about what I had said, but something else. (Informant 5)

Some public health nurses had experience with interpreters who did not respect their professional rules of confidentiality. The nurses observed and assessed the competence of the interpreter during the visit. They did not rebook interpreters who did not adhere to good interpretational practices, and in serious cases, they reported the lack of professionalism to the manager.

Many mothers have a fear that the interpreters would discuss what they had been told to others, even if the interpreter has professional secrecy. Some interpreters cannot maintain confidentiality. We have seen that, and, therefore, I do want interpreters that I can rely on and that I trust. (Informant 11)

**Discussion**

The aim of the current study was to describe the public health nurses’ experiences of using interpreters when meeting with Arabic-speaking first-time mothers. The nurses found that they had to accept and learn to incorporate interpreters into their work when communicating with Arabic-speaking mothers. The nurses stated that the interpreters enabled an understanding of the situation of the mothers, and created a trusting relationship, but they also experienced disturbing elements when the quality of the interpretation was insufficient. The current study is consistent with other studies conducted in other contexts (i.e., other languages and not with first-time mothers), suggesting that interpreters are important for nurses in their encounters with non-native speaking patients (Bagchi et al., 2011; Rosenberg et al., 2008). The experience of parents being discriminated against and marginalized as well as language barriers have been found to be obstacles in child health education in intercultural settings (Hernandez, Reesor, Machuca, Chishty, & Alonso, 2016; Holmberg Fagerlund, Pettersen, Terragni, & Glavin, 2016).

Mothers of non-Swedish background participate in the child health care program to a lesser extent than Swedish mothers (Fabian et al., 2006). One barrier for Arabic-speaking mothers to take part in support groups at CHCs in Australia was language difficulties (Di Ciano et al., 2010). In the absence of interpreters, the patient is disadvantaged and cannot receive the correct information (Hadziabdic and Hjelm, 2013). The public health nurses should be culturally competent (Jean-Baptiste et al., 2017; Riner, 2013) and focus on the health and well-being of the child, regardless of their ethnic background. To promote the health of the child, good interaction with the parents is needed. Potentially disturbing elements could be the result of the interpreters lacking sufficient competence for the task (Bagchi et al., 2011). However, when the health provider found the interpreter to be professional and competent, it led to improved communication between the patient and the health professional, which in turn led to better treatment (Ramirez et al., 2008).

Some public health nurses in the current study experienced interpreters with insufficient linguistic ability, as noted while observing and assessing the level of ability of the interpreters during the visit. This result is consistent with the findings of Eklöf et al. (2014), who revealed the challenge for nurses to assess the language competence of interpreters. Insufficient language competence can lead to flaws in interpretation, which can result in clinical consequences (Fatahi et al., 2010; Flores et al., 2003). Insufficient interpretation can also lead to negative effects during the interaction between the nurse, patient, and interpreter (Fatahi et al., 2010, Gerrish et al., 2004). Different Arabic dialects can also lead to incorrect information being passed between the patient and the interpreter (Hadziobdic et al., 2009). Arabic-speaking patients want interpreters with their dialect and origin (Hadziobdic et al., 2014); therefore, Bischoff and Huselson (2010) recommend that interpreting agencies provide interpreters with a range of dialects and languages.

It is important to inform the mother about the professional confidentiality of the health professional and the interpreter. Fatahi et al. (2010) found that patients could feel fear, suspicion, and lack of trust toward interpreters. Ethical challenges could occur if the confidentiality of the patient cannot be guaranteed, if the patient cannot choose whether or not to have an interpreter, or if the patient cannot choose the interpreter that he or she wants (Eklöf et al., 2014). Distrust of professional interpreters increases the patients’ wishes to use relatives as interpreters (Fatahi et al., 2010), but the use of non-professional interpreters is perceived as negative by both patients and health care providers because non-professional interpreters do not have the professional responsibility and education of professional interpreters (Eklöf et al., 2014).

**Limitations**

Measures were taken to ensure the trustworthiness of the study (Graneheim & Lundman, 2004). However, the following aspects needs to be taken into account: The interviewed public health nurses were all women, which reflects the fact that male public health nurses are rare in Sweden. A few public health nurses (n = 5) declined to participate due to lack of time, and therefore, we do not know their experiences. However, participating nurses expressed a variety of views about using interpreters when communicating with Arabic-speaking first-time mothers. The trustworthiness was increased by the three authors discussing the analysis until consensus was obtained. Given that CHCs of different sizes in rural and urban municipalities were represented and that a variety of views were articulated, these findings could be valid in other settings with public health nurses using interpreters. However, additional studies are needed to investigate the interpreters’ and the mothers’ points of view.

**Implications for Nursing**

Public health nurses working with Arabic-speaking first-time mothers have to learn to work with interpreters, and therefore, a recommendation is to include such training in the undergraduate and postgraduate nursing studies, as well as education regarding culturally sensitive care (Chae, Lee, Asami, & Kim, 2018; Clark, Glavin, Missal, & Saeteren, 2018).

**Conclusions**

Professional interpreters were found to be necessary tools for public health nurses when communicating with Arabic-speaking first-time mothers. Interpretation enables communication and creates a trusting relationship, but the nurses also had experiences of disturbing elements when the interpreters did not have sufficient language skills, did not adhere to the obligation to translate everything that the nurse said, or did not respect professional confidentiality. Insufficient competence could be the result of a lack of education (Fatahi et al., 2010) and interpreters should be provided with continuing education to support and maintain their professional role (Butow et al., 2012).

**Abbreviations**

CHC Child Healthcare Center

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The authors have no conflicts of interest to declare.

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