IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; September 2024; Vol 117; No. 8; P1011
September 26th, 2024

The Experiences of Native Irish speaking Older Adults Navigating Healthcare Services

C. Breathnach, J. Fox, S.M. Hynes

School of Health Sciences, University of Galway, College Rd., Co. Galway, Ireland.

Abstract

Aim
This research aims to understand the experiences of native Irish speaking older adults navigating healthcare services in Ireland.

Methods
Semi-structured interviews in the Irish language were conducted with seven participants. Interviews were audio recorded and transcribed. Data was coded and analysed using *MAXQDA*® software and thematic analysis.

Results
Two major themes were identified: 1) Factors influencing the relationship between patients and HCPs (2) What's more important? A doctor or an Irish speaker? Shared communications preferences were discussed but above all, participants preferred if HCPs were proficient in both Irish and English.

Discussion
Language discordant care exists in rural Gaeltacht areas. Bilingualism does not completely mitigate language barriers in Gaeltacht area healthcare settings, as some HCPs are neither fluent in English nor Irish. Opinions around the use of interpreters are mixed. All participants expressed the value of direct communication between patient and provider. This study highlights the need for language concordant care to be available for native Irish speaking older adults living in rural Gaeltacht areas, and further emphasises the importance of language concordant care for minority language speaking populations.
The findings of this study provide an insight into the lives of native Irish speaking older adults navigating the healthcare system and contribute to understanding an underserved patient group.

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Introduction

Minority-language speaking patients are at increased risk of experiencing health disparities due to communication barriers [1-3]. According to the latest publication of the Central Statistical Office's Census, there were 96,090 people living in Gaeltacht areas, and 73,803 daily Irish speakers in Ireland in 2016 [4]. However, the latest Census does not account for native Irish speaking people who have limited English or the Irish speaking monolingual people in Ireland, nor did it calculate the quantity of older adults living in Gaeltacht areas. While the exact figure is unknown, it is estimated that there are approximately 12,876 people aged over sixty-five years old living in Gaeltacht areas across Ireland. With an ageing population comes increased demand on healthcare services, and increased likelihood of instances where the Irish language will need to be used within healthcare settings.

The current study builds on research conducted in the Donegal Gaeltacht to analyse patients' opinions regarding the availability and use of the Irish language in general practices [5]. 80 percent spoke Irish with general practice staff; 57 percent stated Irish was their preferred language to discuss their health; and 53 percent of all participants felt inadequately informed of the health services available in Irish [5]. With these figures in mind, the aim of this research was to understand the experiences of native Irish speaking older adults navigating healthcare services in Ireland.

Methods

The study was conducted with a qualitative design, using a generic qualitative inquiry approach [6-7]. This approach focuses on people's descriptions of experiences and seeks to understand their perspectives [6-7]. Participants were recruited by advertisement of the study through posters and a radio interview, as well as through word of mouth and snowball sampling in the West Connacht Gaeltacht. Seven participants were recruited for the study: three individuals and two couples. All participants were required to speak Irish as their first language, be at least 65 years old and have experience of the healthcare system. Participants who self-reported having acute illness or cognitive impairment were excluded from the study due to their increased vulnerability.

Data were collected through semi-structured interviews in the Irish language lasting between 45-70 minutes. Data was coded using MAXQDA® software. A topic guide (see Appendix 1) was developed by the researcher, according to Creswell's guidance [8]. Data were analysed using thematic analysis [9]. The researcher is a native Irish speaker, and interviews were conducted through Irish. To allow wider interpretation of findings, both the Irish quotes and their English translations [10] are presented. Conscious efforts were made to reduce the risk of researcher bias through reflexive bracketing [11]. Accuracy and/or representativeness of codes was

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discussed with the secondary researcher(s)/supervisors. Developing themes were reviewed by all researchers to check that findings were drawn accurately and fairly from the data.

Results

Participant demographics were gathered in the interview and can be seen in Table X below. Two sets of couples (Éabha and Cóilín; Seán and Treasa) and three individuals (Róisín, Neilí and Páidín) were interviewed (Pseudonyms used throughout). All participants were bilingual – Irish was the first and main language of all participants, but all participants were also fluent in English. Two main themes were derived from the data and are described below.

Participant Pseudonym	*Age (years)*	*Gender*	*Education Level*	*Interviewed Individually*
Róisín	84	Female	NS*	Yes
Neilí	86	Female	3rd Level	Yes
Páidín	81	Male	3rd Level	Yes
Éabha	66	Female	3rd Level	No
Cóilín	70	Male	3rd Level	No
Seán	74	Male	NS	No
Treasa	71	Female	NS	No

*NS=national school

Factors influencing the relationship between patients and HCPs

A consensus among participants was that if healthcare professionals (HCPs) are based in Gaeltacht areas, that it would be best if they were bilingual (fluent in Irish and English languages), and that this should be a requirement for the post. Participants stated that this was important for several reasons: to enhance communication with bilingual patients, to facilitate communication with Irish monolingual patients, and to provide care in a manner that promotes the establishment of a therapeutic relationship between patient and provider.

Éabha and Cóilín reported attending a native Irish speaking GP for several years. They spoke of this trusting relationship, which was built over time, and how the GP treated them with familiarity and respect and spoke to them in their preferred language. This resulted in Cóilín feeling like discussing health matters was like regular conversation:

> *"Gaeilge ar fad a labhair muid leis. Bhí se ar nós gnáth chumarsáid"* [It was all Irish we spoke to him. It was like regular conversation]- Cóilín

Due to a high staff turnover in some rural Gaeltacht health units, some participants described the absence of a therapeutic and trusting relationship with HCPs, particularly general

practitioners (GPs), and that the absence of this trusting relationship was a barrier to communicating their healthcare needs:

> *"Sea, ní fhanann na dochtúirí i bhfad ann. Níl fhios agam cén fáth. Ní bhfuair siad ceann fós a bhfuil Gaeilge acu…Tá muid ag iarraidh an duine, is aithne againn air, is aithne aige orainn…go mbeadh tú inann inseacht dó cén botheráil a bheadh ort"* [Yes, the doctors don't stay there long. I don't know why. They haven't got one that has Irish yet… We want someone that we know and that knows us…that you could tell them what is bothering you] – Róisín.

Neilí expressed her reluctance to attend local Gaeltacht healthcare services due to their high staff turnover rate and lack of providing language concordant care. As a result, Neilí found herself having to repeat her medical history to HCPs and to be "more careful" when listening to them due to language-discordant care (where the HCP had neither fluent Irish nor fluent English). A long history of this happening has left Neilí reluctant to engage with these local services, and left others confused as to why this is occurring:

> "*Ní bheadh móran fonn orm dul siar go dtí [an dochtúir áitiúil] … Tá sé ag dul i dtaithí ar na rudaí atá daoine ag rá leis ach i dtosach, sén chaoi go raibh sé ag foghlaim ó na patients é fhéin…Tógann sé an iomarca ama ort a bheith ag iarraidh bheith ag míniú dhó, sin an drogall a bheadh agam faoi… Anois amanntaí caithim a bheith níos curamaí ag éisteacht leis nuair a bhíonn sé ag labhairt i mBéarla."* [I wouldn't really be inclined to go to [the local doctor] … He is getting to know what people are telling him, but first, it was like he was learning from the patients themselves… It takes too much time to explain it to him, that is the reluctance I have about it … Sometimes I must be more careful listening to him when he is speaking English]– Neilí.

> *"Sea, ní fhanann na [soláthraithe seirbhísí sláinte] i bhfad ann, níl a fhios agam cén fáth*" [Yeah, the [HCPs] don't stay there long, I don't know why]– Róisín

Participants reported that fluent Irish speaking HCPs are rare in non-Gaeltacht areas, such as University Hospital Galway (UHG), based in Galway city. This was not an unmet expectation amongst participants, for UHG caters to a wider geographical area and multicultural demographic. However, participants expressed their desire for language concordant care from HCPs with fluent Irish and English in Gaeltacht area healthcare services, especially for Irish monoglot patients, and they expressed their confusion at why this is not in practice or a requirement for the post:

> *"Ba mhaith liom go mbeadh dochtúir [sa nGaeltacht seo] go mbeadh an Ghaeilge agus an Bhéarla acu agus a mbeadh in ann freastal ar na daoine seo gan aon Bhéarla… Ní*

bhfuair [an Feidhmeannacht Seirbhísí Sláinte] [dochtúir] fós a bhfuil Gaeilge acu" [I would like for there to be a doctor who speaks Irish and English [in this Gaeltacht] that could provide services to [Irish monoglots] … The [Health Service Executive] haven't yet found a [doctor] who speaks Irish]- Róisín

"Fadó nuair a bhíodh daoine ag cur isteach ar phostannaí go raibh coinníollacha ann go mbeadh ort an teanga a bheith agat don cheantar. Níl fhios agam a bhfuil sé sin i gceist níos mó…" [Long ago when people applied for jobs there were requirements that you would have to have the language for that area. I don't know if that is there anymore] – Éabha.

"Céard is tábhachtaí? Dochtúir nó Gaeilgeoir?" [What's more important? A doctor or an Irish speaker?]

Many participants viewed the use of professional interpreters during healthcare interactions to bridge a communication gap favourably, although none of the participants experienced healthcare interactions with professional interpreters. Initially, some participants stated they thought it would be advantageous:

"Ba chuma liom sa diabhal an fhaid is go mbainfeadh siad an pian díom!" [I wouldn't give a damn as long as they took the pain away]– Éabha.

Others, after reflection, stated they might not trust a stranger's interpretation and representation of what they said to be accurate. They also stated that the fact that they would have no way of knowing if what the HCP was told was accurate or not, was a vulnerable position. Cóilín experienced using an ad-hoc interpreter (a taxi driver) while abroad to communicate with the pharmacist and commented that he had no way of knowing what the interpreter was saying. He alluded to the increased risk of other patients needing to communicate more complex or sensitive information and the potential harm of this:

"Ní raibh ormsa ach taibléidí a fháil - ni dhearna siad aon dochar díom ach cá bhfios céard a bhí ionta?" [I only had to get tablets- they didn't cause me any harm but who knows what was in them?] - Cóilín

Alternatively, family members can also take on the role of interpreting during healthcare interactions. In comparison with professional interpreters, participants reported that they might trust family members more to communicate their needs. However, some participants felt that family interpreters were not always appropriate, for example, if patients had concerns regarding "*private*" issues, including mental health. In these circumstances, the

participants reported a preference for a professional interpreter, but also indicated that being able to communicate these needs directly to their HCPs was optimal.

> *"Táim ag ceapadh gur fearr liom stráinséar ná mo chomharsan béal dorais. Bheinn ag iarraidh go mbeadh rudaí príobháideach dom féin."* [I think I'd prefer a stranger than my next-door neighbour. I'd want things to be private for myself."]– Páidín.

> *"Dá laghad bearnaí atá idir an othar agus an dochtúir sé is fearr é. Só, má thugann tú interpreter isteach, déanann sé an scéal níos casta."* [The fewer gaps between patient and doctor the better. So, if you bring an interpreter, it makes it more complicated]– Cóilín.

Other participants indicated that some people do not have an option between having a family or professional interpreter present, and that many people do not know their right to, or how to, avail of a professional interpreter.

Some participants were unaware of the Irish language services available in the public sector, and opted to speak English with HCPs in order to prevent straining themselves while trying to speak Irish with a HCP they perceived as having sub-optimal spoken-Irish proficiency:

> *"An rud ba thábhachtaí ná an chumarsáid."* [The most important thing is communication] – Cóilín.

There was a preference to speak English with HCPs rather than communicate with a HCP who was perceived as practicing their Irish with them, or who was not fluent. This was particularly the case where participants did not trust that the communication through Irish with the HCP accurately portrayed their medical concerns, or where they felt the HCP would communicate better in English:

> "*Pé dochtúir a bhíonn tú ag plé leo, tá fhios agamsa gur b'é an Bhéarla an chéad teanga atá acu agus go bhfuil tuiscint níos fearr acu ar pé galar nó pé tinneas a bheadh ort agus go míneodh siad níos fearr duit é ina dteanga féin. Má bhíonn siad ag aistriú ní thagann sé amach an bealach ceart uaireanta…le bheith béasach leo labhróinn Gaeilge leo agus dá mbeadh deacrachtaí aige déarfainn leis labhairt i mBéarla liom."* [Whichever doctor you are dealing with, I know that English is their first language and that they have a better understanding of what disease or what illness you might have and that they would explain it better to you in their own language. If they are translating it doesn't come out the right way sometimes… to be polite I would speak Irish with them and if he had difficulty, I would ask him to speak English to me]– Éabha.

While a positive attitude towards the Irish language was widely commended, participants felt mishandled if important health-related information was lost in translation.

Participants reported feeling that native Irish speaking patients in acute hospital settings are at a disadvantage, especially monoglots. Éabha expressed her concern for elderly monoglot people who, unlike her, have no English proficiency:

> *"Cheap mé uaireanta go mbreathnódh [sóláthraithe seirbhíse sláinte] anuas [ar dhaoine aonteangacha] … Is minic a chuimhním… ar an tsean dream a théann isteach in othar charr leo féin, san oíche go minic agus nach bhfuil éinne acu. Cuireann sé as dom nach bhfuil aon duine b'fhéidir in ann labhairt leo…an imní agus an faitíos a bheadh orthu…"* [I thought sometimes that HCPs looked down on [monoglots]... I often think…about the old folks that go in in an ambulance alone, often at night, who often don't have anyone else. It bothers me that there isn't anyone who could maybe talk to them…how worried and afraid they must be…]– Éabha.

Discussion

This study has collected narrative data on the experiences of native Irish speaking older adults in navigating healthcare services in Ireland. The formation of a therapeutic patient-provider relationship was reportedly impacted by language concordant care and staffing issues within the public healthcare system in Ireland. All participants stated that the ideal language profile of a HCP working in a Gaeltacht area would be a bilingual English and Irish speaking individual, but participants acknowledged that this is not always possible.

The Irish Language Strategy 2019-2023, which is currently in place in the Irish public health service, outlines efforts and considerations made to recruit Irish speaking HCPs for posts in Gaeltacht areas, among other linguistic considerations [12]. This was developed in line with the Official Languages (Amendment) Act 2021 [13], which states that all public bodies and government-owned agencies must provide services through the Irish language, in addition to the majority language, English. While it is a positive thing that such a strategy exists, it is clear from participant reports from this study that this strategy is not effective in employing fluent Irish and English speaking HCPs in their respective Gaeltacht healthcare services.

In addition to language discordant care, participants in this research project reported that a high staff turnover in rural Gaeltacht area healthcare settings negatively impacts healthcare experiences, due to the absence of a long-standing and reliable therapeutic relationship with HCPs, as well as the need to repeat medical history to new HCPs, which can be exacerbated by a language barrier [14]. The findings of this research project are echoed across existing research [14-15], where participants expressed the negative effect of a high staff turnover on healthcare experiences, and the frustration it causes.

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Language barriers between patient and provider can be mitigated in various ways. Some solutions reported by studies globally include the use of professional interpreters, or incidental interpreters such as family, friends, or bilingual staff in the setting. While none of the participants in this research project had experienced professional interpreting services during healthcare interactions, they commented on how they would feel about this. Reasons for preferences from participants of this study, and across global literature, included participants wanting to have clear, direct communication with HCPs, without risking false interpretation by a third party, and having a trusted family member present was preferred due to their perceived reliability in providing accurate collateral information [16-20]. Other participants in this study, and in international research, preferred a "*stranger*" interpreting for reasons of privacy [3,16,18].

The current study has several limitations that are important to consider. Firstly, due to difficulty recruiting participants within the timeframe, we were unable to recruit participants who were Irish monoglots who we, and the participants of this study, deemed most likely to be affected by language discordant care. Secondly, data saturation was not reached, as new themes that emerged during data collection were not exhausted, due to time and resource constraints [21].

In many instances, Irish speakers are required to speak English during healthcare interactions in Gaeltacht areas and beyond, despite individual preferences, due to language discordance between patient and provider. This study highlights the need for language concordant care to be available for native Irish speaking older adults living in Gaeltacht areas, and further emphasises the importance of language concordant care for minority language speaking populations.

Future studies should explore the emotional significance of patients' use of preferred languages during healthcare interactions and measure the prevalence and impact of language discordant care on native Irish speaking patients in Gaeltacht areas and in Ireland.

Declarations of Conflicts of Interest:
None declared.

Corresponding author:
Sinéad M. Hynes,
School of Health Sciences,
University of Galway,
College Rd.,
Co. Galway,
Ireland.

E-Mail: sinead.hynes@universityofgalway.ie

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Appendix 1 Topic Guide

Semi-structured interview topic guide

Title of Study: Exploring the experiences of native Irish-speaking older adults in navigating healthcare services in Ireland

Name of principal investigator: Clíodhna Breathnach

Contact details: c.breathnach10@nuigalway.ie

Demographic information

- Ask participants to introduce themselves
- Ask for background information such as age, gender, address
- Self-reported status of Irish language fluency?

Reason for interest in the study

- How did you hear about the study?
- What interested you/why did you want to take part in the study?
- What do you think might happen by participating in the study?

Experiences with healthcare services

- As a native Irish speaker living in a Gaeltacht area, how would you describe your experiences in navigating healthcare services in Ireland?
- Have you had many experiences with healthcare services in Ireland?
- Have you ever spoken to a healthcare provider in Irish? Please elaborate, if possible.
- If so, what was this experience like? How did you feel? Was it easier or harder to communicate?
- Have you ever had difficulty communicating with healthcare providers?
- Have you ever used a translator/interpreter to communicate with healthcare providers?
- If so, was this a professional translator, a family member or friend, or another healthcare provider otherwise uninvolved in your care? How did you feel about this?

Appendix 2 Topic Guide (Irish version)

Treoirlínte do Thopaic Agallaimh Leath-Struchtúrtha

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Teideal an Staidéir: Ag Iniúchadh ar Eispéiris Cainteoirí Dúchasacha Sinsire na Gaeilge agus iad ag Freastal ar Sheirbhísí Sláinte in Éirinn

Ainm an Phríomhthaighdeora: Clíodhna Breathnach

Sonraí Teagmhála: c.breathnach10@nuigalway.ie

Eolas Déimeagrafach
- Iarr ar rannpháirtithe iad féin a chur in aithne
- Iarr eolas cúlra ar nós aois, inscne, seoladh
- Stádas tuairiscithe féinghlactha ar líofacht na Gaeilge?

Cúis le Spéis sa Taighde
- Cén chaoi ar chuala tú faoin taighde?
- Cén fáth gur chur tú spéis/cén fáth ar theastaigh uait páirt a ghlacadh sa taighde?
- Céard a cheapann tú a tharlóidh trí pháirt a ghlacadh sa taighde?

Eispéiris le Seirbhísí Sláinte
- Mar dhuine a bhfuil Gaeilge dhúchais agat agus a chónaíonn i gceantar Gaeltachta, conas a chuirfeá síos ar d'eispéiris agus tú ag nascleanúint seirbhísí sláinte in Éirinn?
- An bhfuil mórán eispéiris agat le seirbhísí sláinte in Éirinn?
- Ar labhair tú ariamh le soláthraí cúraim sláinte i nGaeilge? Déan cur síos air, más féidir.
- Má tá, conas a bhí an taithí seo? Conas a mhothaigh tú? An raibh sé níos éasca nó níos deacra cumarsáid a dhéanamh?
- An raibh deacrachtaí agat riamh ag cumarsáid le soláthraithe cúraim sláinte?
- Ar úsáid tú aistritheoir/ateangaire riamh chun cumarsáid a dhéanamh le soláthraithe cúraim sláinte?
- Má tá, an aistritheoir gairmiúil a bhí iontu, ball teaghlaigh nó cara, nó soláthraí cúraim sláinte eile nach raibh baint acu le do chúram seachas seo? Conas a mhothaigh tú faoi seo?

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Appendix 2 Thematic Map