‘You don’t know what you don’t know, until you don’t know it’

One of the things I like most about nursing is the fact that even after more than 20 years of practice, I am still learning. I’m not only referring to my current MSc studies, but also to everyday practice. At some point during your career something new will completely knock your socks off – this is exactly what happened to me 18 months ago.

I am a respiratory nurse – an interstitial lung disease nurse to be specific. One of the most common symptoms our patients experience is breathlessness, an uncomfortable sensation or awareness of breathing. Patients may describe the feeling as shortness of breath, inability to get air or suffocation. It is a complex symptom that is commonly experienced by patients with both acute and chronic diseases.

As part of my role, I explore the possible reasons and causes for the patient’s symptom. After assessment we discuss strategies and therapies that may help alleviate any distress. In Leicester, we have a high proportion of Asian patients who cannot speak English, so I rely heavily upon translators and the invaluable input they have in helping this understanding and decision-making process.

Imagine how I felt 18 months ago when I was with a patient of Indian origin, unable to speak English and desperately frightened by their breathlessness – only for the translator to explain: “You do know there is no word the same as breathlessness in the Hindi, Punjabi or the Gujarati languages? The closest translation means death, or coffin”.

Despite using translators for years this was new knowledge, and I was nothing short of astounded. Essentially, I was unable to communicate with my patients sufficiently, which compromised everything I believed in, in terms of empowering them, and alleviating their distress.

When I looked deeper I found that there was no written information locally or nationally to help me communicate with these breathless patients, so I considered the possibility of developing a new information leaflet. This has become my MSc thesis and is a work in progress. But what I can already tell you is that I am astounded by the several gaps in language there are. For instance, there are no direct translations for some of the organs in the body – the lungs included – in Hindi, Punjabi or Gujarati.

The next time you work with a translator listen to the “Hinglish”. This is a term the younger carers of Leicester use. You will hear their language, with English words intertwined, and that is because there is no translation. If you hear more of our language than theirs, perhaps consider how meaningful changes to practice through translation. If you hear more of our language than theirs, perhaps consider how much the patient has actually understood.

I am not looking for a new word; after thousands of years of these languages, there won’t be one. However, I am looking for a meaningful way of communicating with these patients. I am working with them and their carers in the hope that I can help them improve their understanding of this symptom.

It is never a weakness to learn something new; this knowledge has completely changed my practice.

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