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Language Discordance in Nursing Care: A Narrative Review of Invisible Language Work, Cultural Safety, and Missed Nursing Care

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ÖZET

Küreselleşme ve artan göç hareketleri, sağlık hizmetlerinde kültürel ve dilsel çeşitliliği artırmış; bunun sonucunda hasta ile sağlık profesyonelleri arasındaki dil uyumsuzluğu, hasta bakımında önemli bir sorun hâline gelmiştir. Dil uyumsuzluğu, etkili iletişimi güçleştirerek hasta güvenliğini, bakım kalitesini ve hasta memnuniyetini olumsuz etkilemekte, aynı zamanda hemşirelik bakımında aksamalara yol açabilmektedir. Bu anlatısal derlemenin amacı, güncel literatür doğrultusunda dil uyumsuzluğu, kültürel güvenlik ve kaçırılmış hemşirelik bakımı arasındaki ilişkiyi bütüncül bir bakış açısıyla incelemektir. Derlemede, dil uyumsuzluğunun hemşirelik bakımı üzerindeki etkileri, kültürel güvenlik yaklaşımının temel ilkeleri, hemşirelerin rol ve sorumlulukları ile kaçırılmış hemşirelik bakımının nedenleri, sonuçları ve önlenmesine yönelik stratejiler ele alınmıştır. Literatür, dil uyumsuzluğunun yalnızca bir iletişim sorunu olmadığını; bakım süreçlerini, sağlıkta hakkaniyeti ve hasta sonuçlarını doğrudan etkileyen çok boyutlu bir olgu olduğunu göstermektedir. Kültürel açıdan güvenli bakım ortamlarının oluşturulması, profesyonel tercümanlık hizmetlerine erişimin yaygınlaştırılması, sağlık profesyonellerinin kültürel güvenlik konusunda güçlendirilmesi ve kurumsal düzeyde destekleyici politikaların geliştirilmesi, dil uyumsuzluğunun olumsuz etkilerini azaltmaya yönelik temel stratejiler olarak öne çıkmaktadır.

Anahtar Kelimeler: Dil uyumsuzluğu, Kültürel güvenlik, Kaçırılmış hemşirelik bakımı, Hemşirelik bakımı

ABSTRACT

Globalization and increasing migration have led to greater cultural and linguistic diversity in health care; as a result, language barriers between patients and health care professionals have become a significant challenge in patient care. Language barriers hinder effective communication, negatively impacting patient safety, the quality of care, and patient satisfaction, and can lead to gaps in nursing care. The purpose of this narrative review is to examine the relationship between language mismatch, invisible language labor, cultural safety, and missed nursing care from a holistic perspective, in line with the current literature. This review addresses the effects of language barriers on nursing care, the fundamental principles of the cultural safety approach, the roles and responsibilities of nurses, as well as the causes, consequences, and prevention strategies for missed nursing care. The literature shows that language barriers are not merely a communication problem; they are a multidimensional phenomenon that directly affects care processes, health equity, and patient outcomes. Creating culturally safe care environments, expanding access to professional interpretation services, empowering healthcare workers in the area of cultural safety, and developing supportive policies at the institutional level stand out as key strategies for mitigating the negative effects of language barriers.

Keywords: Language discordance, Cultural safety, Missed nursing care, Nursing care

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INTRODUCTION

Globalization and increasing migration have heightened the cultural and linguistic diversity of societies, leading health professionals to provide care more frequently to individuals from diverse backgrounds (1,2). With the rise in global migration, language barriers have become a significant issue that negatively impacts the quality of care in health services (3). Interpersonal communication based on empathy, acceptance, warmth, and sincerity supports the establishment of a therapeutic relationship between the patient and the healthcare professional that is grounded in trust and active participation (4). The healthcare system is a complex and dynamic structure that centers on human life. The system's success depends not only on technology and professional competence but also on the quality of communication among patients, their families, and healthcare workers (5).

Language barriers are a significant health issue that negatively impact the quality of care, patient safety, and satisfaction by disrupting communication due to the lack of a common language between patients and healthcare providers; they also lead to disruptions in diagnosis, treatment, and care processes (6). Increasing cultural and linguistic diversity requires nurses to provide care that takes into account not only the clinical needs but also the cultural characteristics of individuals from diverse backgrounds (1). In this regard, one of the leading approaches to reducing inequalities that may arise from language barriers and cultural differences is cultural safety. Cultural safety is a care philosophy that examines the power dynamics between individuals and healthcare professionals during the delivery of healthcare services, is grounded in respect for cultural differences, and aims to ensure that individuals feel valued, free from discrimination, and accepted for their cultural identities within the care setting (7).

In care settings where cultural safety cannot be ensured, language barriers can disrupt not only communication but also the nursing process (8). Missed nursing care (MNC) is defined as the delay, partial performance, or complete failure to provide any component of the care that should be provided to the patient (9). This situation, which is one of the key indicators of the quality of nursing care, is associated with reduced patient safety and satisfaction, a decline in the quality of care, and adverse clinical outcomes (10). Missed care stems from many interrelated factors, such as complex patient needs, insufficient human and material resources, and problems with intra-team communication and collaboration (11).

In the existing literature, language barriers, cultural safety, and missed nursing care have mostly been addressed as separate topics; the interplay of these concepts within the care process

has not been presented in a holistic manner. The purpose of this narrative review is to examine the relationship between language barriers and invisible language labor, cultural safety, and missed nursing care in light of the current literature, to synthesize existing knowledge, and to offer recommendations for clinical practice, nursing education, and future research.

Language Barriers in Nursing Care

Language differences have been a phenomenon encountered in nursing practice ever since Florence Nightingale provided care to soldiers from different regions of Europe during the Crimean War (3). The rise in global migration has increased linguistic diversity in many countries and made language barriers between patients and healthcare professionals more apparent (1, 12). Effective communication forms the foundation of patient-centered care that takes patients' needs and preferences into account (13). Communication barriers that arise at various stages of healthcare can compromise patient safety and treatment adherence, and may lead to anxiety and dissatisfaction among patients and their families, as well as burnout and job dissatisfaction among healthcare professionals (5).

Language barrier refers to a situation in which the patient and the healthcare professional do not share a common language that would enable them to communicate effectively during the care process (14). Linguistic and cultural differences can complicate healthcare communication with immigrants and ethnic minorities (2). Effective nurse-patient clinical communication is a fundamental element in strengthening patient-centered care and achieving positive care outcomes (15). As one of the first healthcare professionals patients encounter in the healthcare system, how nurses manage language barriers can directly impact the patient's care experience and health outcomes (12). Effective communication reduces uncertainty, supports patient involvement in decision-making and adherence to treatment, and enhances patient safety and satisfaction with care (15). Language barriers, on the other hand, can negatively impact access to health care, patient satisfaction, and patient safety, thereby contributing to increased health inequities (13). The lack of access to professional interpretation services also increases anxiety among patients who need this support and reduces their satisfaction with the care they receive (16). For this reason, incorporating professional translation services into care and therapeutic communication processes is important for reducing health disparities and improving the quality of care (8, 12, 13).

The Effects of Language Barriers on Nursing Care

In any setting where health care is provided, cultural understanding and interpersonal communication form the foundation of effective care (4). Effective communication requires

the establishment of a human connection, mutual dialogue, and the sharing of information in a clear and understandable manner. These characteristics form the foundation of a patient-centered approach to care (17). Such a communication environment supports the patient's understanding of their care plan and the comprehensive assessment of their needs (18).

Communication barriers are significant challenges that hinder the safe and effective delivery of health care (19). Changing demographic structures and increasing linguistic diversity in societies make care processes more complex, particularly when there is no common language (8). Language barriers can disrupt diagnosis, treatment, and care processes; they can also compromise patient safety, reduce the quality of care, and lower satisfaction among both patients and healthcare providers(19,20). In this regard, language barriers are a significant issue that affects the treatment process and health outcomes and must be addressed at every stage of healthcare (4).

Language barriers can disrupt diagnosis, treatment, and care processes; they can compromise patient safety, reduce the quality of care, and lower satisfaction among both patients and healthcare providers (16). In this regard, language barriers are a significant issue that affects the treatment process and health outcomes and must be addressed at every stage of healthcare (2). The lack of professional interpreter support, however, can increase patients' anxiety and negatively impact their care experience (16).

In a systematic review and meta-analysis conducted by Chu et al. (2024), it was determined that patients who do not share the dominant language with healthcare professionals are at higher risk of unplanned hospital readmission and repeat emergency department visits compared to patients who speak the dominant language (8). In a systematic review conducted by Kırgöz et al., it was determined that language and communication barriers are the most common challenges faced by nurses providing care to immigrant patients. The study emphasized that these barriers make it difficult to establish effective collaboration between nurses and patients and negatively affect patients' trust in nurses. Furthermore, although nurses make use of interpreter support to overcome communication difficulties, it has been noted that communication is not as effective as desired due to interpreters' lack of knowledge of medical terminology and familiarity with the relevant literature (21).

Strategies for Reducing Language Barriers

It has been reported that immigrant and ethnic minority patients ask fewer questions during medical consultations, participate less actively in the consultation, and remain more passive in treatment decisions (2). To mitigate the effects of language barriers and improve the quality of

care, hybrid communication models that combine professional interpreter services, e-health applications, digital translation tools, and multilingual services are being utilized (16).

Professional interpreters support informed consent, patient participation, and the shared decision-making process by ensuring that information is conveyed accurately and completely between the patient and the healthcare team. Family members, meanwhile, can provide emotional support to the patient and help the patient express their concerns and expectations. However, due to risks related to family members' support, privacy, and translation accuracy, these services should not replace professional translation services; rather, they should be used to complement such services when necessary (2).

Receiving care from healthcare professionals who speak the patient's native language and having access to professional interpreter support appear to be more effective than other communication methods in reducing language barriers (13). Although interpreter services may increase the duration and cost of care, digital translation tools can help improve patient satisfaction and the quality of care by facilitating communication under appropriate conditions. However, the accuracy, privacy, and ability of digital tools to convey medical terminology must be taken into account; critical clinical decisions should not be based solely on these tools (6).

Language barriers are one of the main obstacles preventing immigrants from effectively accessing health care. For this reason, it is important to expand free in-person and online Turkish language courses, implement policies that support children's language development at an early age, and increase access to professional interpreter services at health care facilities (22).

Future research should examine the factors that hinder or facilitate the use of digital health technologies by immigrant and ethnic minority groups. In particular, it should be noted that low digital health literacy may limit the adoption of these technologies (2). Nurses, for their part, have the responsibility to assess the linguistic and cultural challenges faced by migrants and integrate educational and counseling services into care, thereby supporting the preservation and promotion of health and equal access to care services (21).

Cultural Safety in Nursıng Care and Its Importance

Globalization, international migration, and changes in demographic structure have significantly increased the cultural diversity of the communities receiving health care (1). Migrant individuals face higher health risks in terms of infectious diseases, mental health issues, nutritional deficiencies, growth and development problems in children, reproductive

health issues, chronic diseases, and related complications (23). Increasing cultural diversity and differences in the health needs of immigrant populations require nurses to provide care to individuals of diverse ethnic backgrounds, languages, beliefs, and sociocultural characteristics (1).

In New Zealand, the Māori people face significant disparities compared to other ethnic groups in terms of access to health care and the quality of care, despite their high health needs (24). Health inequities observed in Aotearoa (New Zealand)—and, in particular, the discriminatory practices to which Indigenous women are subjected during childbirth—have highlighted the need to develop a culturally safe approach to healthcare; midwives have played a key pioneering role in this process (7). The concept of cultural safety, developed in the early 1990s by a group of Māori nurses, aims to ensure respect for Indigenous peoples' cultural values, strengths, and differences; it also seeks to identify and address the negative effects of colonization, such as racism, discrimination, and health inequities (25,26). The concept of cultural safety was first defined by Ramsden in 2002 as "a mechanism that enables the individual receiving care to determine whether the health care provided is safe for them" (27). Williams (1999), on the other hand, defined cultural security as an approach that enables the evaluation and identification of pathways that will lead to genuine empowerment for Indigenous individuals and stakeholders, and in this definition, he adopted the definition of cultural security developed by Dowd and Eckermann (1992). Accordingly, cultural safety refers to a safe environment in which individuals' identities, values, and needs are not threatened, questioned, or denied. This environment is based on the principles of mutual respect, shared understanding and knowledge, the sharing of experiences, collaborative learning, and truly listening to individuals (28,29).

Cultural safety is a person-centered approach to health care that takes into account power imbalances and health inequities stemming from historical and structural discrimination; it places individuals' cultural values, life experiences, and needs at the center of care (30). The concept of culturally safe healthcare represents a paradigm shift that prioritizes the active participation of marginalized individuals in the care process, their empowerment, and their equal access to healthcare services, rather than the traditional approach in which care is directed solely by healthcare professionals (7). Culturally safe practices encompass multidimensional elements such as recognizing and respecting individuals' traditional beliefs and practices, supporting the active participation of family members in decision-making processes, and fostering a care environment based on openness, inclusivity, and mutual respect (26,31). It has been reported that individuals who face discrimination in health care due to race, ethnicity,

religion, gender, or disability have lower levels of access to preventive health care, and that this situation exacerbates existing health inequities (32). Cultural safety examines how patients evaluate healthcare professionals' efforts to provide patient-centered care and whether patients' living conditions are conducive to implementing their care plan, even if they have been involved in its development (7).

Culturally safe healthcare means that patients feel a strong sense of their emotional, psychological, and cultural identity (33). The provision of culturally safe and sensitive health care plays a significant role in reducing health inequities and improving individuals' health outcomes (30). Particularly among disadvantaged and marginalized patient groups, perceptions regarding trust in healthcare professionals and the shared decision-making process are shaped by the impact of past and intergenerational negative healthcare experiences (7). It has been reported that individuals who receive culturally safe health care are more likely to seek health care earlier, feel more comfortable and in control during the care process, communicate their health concerns and preferences more openly and in greater detail, attend follow-up visits regularly, and adhere to their treatment plan (31).

The implementation of cultural safety requires the creation of a care environment in which individuals feel valued, understood, and supported throughout the healthcare process (26). At the same time, cultural safety facilitates the establishment of therapeutic relationships based on mutual respect, encourages the sharing of knowledge and experience, and contributes to strengthening empathetic care (34). Cultural safety is not a responsibility expected of the individual receiving care, but rather an obligation that must be fulfilled by the healthcare professional providing the care (26). Recent research emphasizes that all healthcare professionals must consciously develop their cultural competence so that they can provide culturally safe care and contribute to the creation and maintenance of care environments that support cultural safety (24, 31, 35).

Berta et al., (2026) note that although approaches to conceptualizing culturally safe health systems may differ in some respects, they converge within a common framework in terms of their fundamental characteristics. Within this framework, the fundamental characteristics of culturally safe health systems are summarized as follows (31).

Reducing power imbalances and promoting equity in health care (36), creating care environments where individuals can feel safe physically, psychologically, and culturally (37), the embrace of cultural diversity (24), the promotion of self-assessment, critical thinking, community participation, and shared decision-making (36,37), and the view that ensuring cultural safety is the responsibility of the health system and institutions rather than of

individuals (38), the development of policies and institutional arrangements that strengthen cultural security (37,38), and the planning and implementation of cultural security initiatives through collaboration among all stakeholders (36,37).

Language Adaptation ın Cultural Safety

Culturally safe health care supports effective information sharing, shared decision-making, and accurate understanding of patient needs by enabling health professionals to communicate in a way that is sensitive to the individual's needs (7). Health communication is one of the fields of critical importance in ensuring cultural safety. Research in this field primarily focuses on the communication styles of indigenous populations, language differences, and the challenges encountered in cross-cultural communication (39). The communication approach adopted by healthcare workers directly affects the care experience of disadvantaged individuals, particularly those who have had negative experiences with healthcare services in the past. These individuals describe clinical interactions as settings where their voices are often not heard, they are not sufficiently included in the communication process, and they are socio-culturally excluded (7). Wilson et al. (2022) noted that the implementation of cultural safety training cannot be achieved through education alone; rather, it requires a multidimensional approach that includes leadership, critical thinking, nurse participation, and organizational change (40).

According to a study by Perry et al. (2015), when clinically assessing patients from culturally and linguistically diverse backgrounds, nurses often rely on family members or friends instead of professional interpreters, assume that patients have limited language proficiency, and avoid raising cultural issues out of concern for causing them discomfort (41). It has been reported that professional interpreters, cultural mediators, and intercultural communication training programs contribute to the establishment of trust-based therapeutic relationships by reducing communication barriers between nurses and patients from different cultural backgrounds (42). Kerrigan et al. (2021), on the other hand, emphasized the critical role of language in ensuring cultural understanding and cultural safety in health care and argued that policies ensuring system-level support for Aboriginal language speakers—just as for other language groups—are important for reducing miscommunication (33). Adopting a cultural safety approach to communication requires healthcare professionals to critically evaluate their own communication practices and adjust their communication in a way that avoids attitudes and behaviors that stigmatize, exclude, or humiliate patients (33).

The Role and Responsibilities of Nurses in Cultural Safety

Healthcare professionals and all staff involved in the delivery of healthcare services play a crucial role in ensuring equal access to health and social services by embracing the principles of cultural safety, respect, and cultural competence in their interactions with minority groups and other disadvantaged individuals (43). The provision of culturally competent health care requires health care workers to develop five core areas of competence: cultural awareness, cultural knowledge, cultural skills, cultural motivation, and cultural encounters (44). It has been noted that nurses' awareness of practices aimed at continuously and critically evaluating their own worldviews, potential biases, and power imbalances that could negatively impact cultural safety from the patient's perspective—practices that contribute to the development of culturally safe care—may be limited (45). To ensure culturally safe communication, healthcare professionals must develop active listening skills, avoid microaggressions, be aware of power imbalances in the clinical setting, holistically assess the patient's living conditions and social context, and plan the care process accordingly (32). Pirhofer et al. (2022) reported that advanced practice nurses assume significant responsibilities in promoting cultural safety; to this end, nurses must adopt an approach that is respectful of cultural differences and free of bias, engage in self-assessment, communicate effectively, and conduct culturally comprehensive patient assessmentsIn addition, the key responsibilities of culturally safe care include nurses continuously developing their cultural competence, utilizing professional interpretation services and appropriate technological tools to reduce language barriers, tailoring care plans to patients' individual cultural needs, and supporting family involvement (46).

The Concept of Missed Nursing Care

Nurses play an active role at every stage of an individual's healthcare process and are responsible for assessment, care planning, implementation, coordination, and monitoring of outcomes (47). In recent years, as interest in basic nursing care has grown, situations in which necessary care is not provided in a timely and comprehensive manner have also begun to attract more attention (48). Missed Nursing Care (MNC) was first defined by Kalisch in 2006 as the partial or complete omission or delay of any component of nursing care that should have been provided (10, 49). This concept is also referred to as "nursing care left undone" and "unmet nursing care needs"(48). In the literature, it is also described using various terms such as the failure to provide care, the omission of care, the delay of care, or the prioritization of care due to limited resources (10, 50).

Missed care arises when nurses are forced to perform multiple tasks simultaneously under time and resource constraints and are unable to perform certain care interventions in a timely manner

(48, 51). This concept is addressed in three key dimensions: insufficient human resources, materials, and time required for care; prioritization of care needs in the face of limited resources; and delays in care, inadequate care, or failure to provide care at all (10,52). In Kalisch's (2006) first qualitative study, it was determined that the most commonly overlooked practices were: patient mobilization and repositioning; meeting nutritional and personal hygiene needs; patient education; discharge planning; emotional support; and documentation related to the care process (49).As one of the healthcare professionals who interact with patients for the longest period of time, nurses play a central role in ensuring the continuity, effectiveness, and quality of care (47). Missed nursing care is considered an important indicator in assessing the quality of nursing care (9).

Causes of Mıssed Nursıng Care

Many individual, organizational, and environmental factors play a role in the occurrence of missed nursing care (47). The Missed Nursing Care Model, developed by Kalisch, explains the key factors that contribute to the failure to provide nursing care or delays in its provision (49). According to the model, past experiences of missed care can lead nurses to question the adequacy of the care they provide and to reassess their care priorities (48,49). Studies list the following as the main factors associated with missed nursing care:

- Insufficient numbers of nurses and support staff,
- Nurses' level of education and professional experience,
- Difficulties in accessing medications, medical supplies, and functional equipment,
- Problems with team communication and coordination within the unit,
- Insufficient collaboration with other healthcare professionals,
- High workload and time constraints,
- Prioritizing maintenance initiatives in light of limited resources (10,47,49,50,53).

Tasks not directly related to patient care—such as extensive documentation, administrative responsibilities, and mandatory training—can also reduce the time nurses have available for care (53). B The postponement or failure to perform a care intervention is related not only to available resources but also to the informal rules, shared behavioral patterns, and work culture that develop over time within the team (10). As nurses strive to ensure the continuity of care despite limited human, time, and material resources, they may be forced to delay certain care interventions or set them aside as lower priorities (10, 49).

Consequences of Missed Nursing Care

Missed nursing care is associated with multidimensional consequences that affect patients, nurses, and the healthcare system (47). When nurses are unable to provide the care they believe is necessary, this can create an internal conflict between professional standards and current practices. This situation has been linked to decreased job satisfaction, increased burnout, and a stronger intention to leave the profession (51,53). A study found that nurses who more frequently expressed their intention to leave their current clinic were more likely to neglect procedures such as positioning patients and oral care (54).

Systematic reviews show that missed nursing care is associated with a decline in overall care quality and patient satisfaction, reduced job satisfaction among nurses, an increase in adverse events that threaten patient safety, prolonged hospital stays, and higher readmission rates (48,52,55).

In acute care settings in particular, missed care poses a significant risk in terms of adverse patient outcomes such as medication administration errors, healthcare-associated infections, and mortality (Imam vd., 2023). Longer hospital stays, increased readmissions, and a rise in the need for advanced care can, in turn, increase the economic burden on the healthcare system (56).

Strategies to Reduce Nursing Care Gaps

To develop effective strategies for reducing missed nursing care, it is first necessary to identify the individual and organizational factors contributing to this phenomenon (9,54). Nursing administrators should support units with high workloads by providing adequate staffing, equipment, and supplies; health policymakers should also prioritize the fair and needs-based allocation of essential resources (47, 53). To ensure the uninterrupted provision of basic nursing care, continuous access to the necessary equipment and supplies must be guaranteed, and safe and functional work environments must be established (57). Given the negative effects of long working hours on the quality of care and patient safety, the workload should be balanced, sufficient staff should be employed, and nurses' needs for rest, breaks, and work-life balance should be supported (54, 57). Structured handover protocols, along with regular training on teamwork, effective communication, and conflict resolution, can help reduce interpersonal issues that contribute to missed care. Developing standard guidelines for the regular monitoring and safe reporting of missed care can also reduce variations in practice across institutions, thereby strengthening management and accountability (47).

Educational strategies play a key role in preventing gaps in care. İncorporating topics such as workload management, care prioritization, and interprofessional communication into the nursing curriculum can help students recognize and manage factors that lead to missed care (47). In particular, the care prioritization and clinical decision-making skills of newly graduated nurses should be developed through continuing education and mentoring programs (57). Training and mentoring programs aimed at improving workload management, prioritizing care, and developing clinical decision-making skills are among the effective strategies for reducing gaps in nursing care.

A Holistic Perspective on Language Discrepancies, Cultural Safety, and Missed Nursing Care

The quality of nursing care depends not only on nurses' clinical knowledge and technical skills but also on their ability to communicate effectively, provide culturally safe and patient-centered care, and meet individuals' care needs in a timely manner (58). Effective communication is one of the key components of culturally safe health care; it ensures the establishment of a trust-based relationship between health care professionals and individuals, the planning of care tailored to individual needs, and the promotion of equitable access to health care (39). For this reason, the provision of culturally safe and sensitive health care plays a significant role in strengthening health equity and improving individuals' health outcomes (30). İn settings where culturally safe care cannot be provided, structural issues such as discrimination and racism can also negatively impact access to health care and the quality of care (50). Duhalde and et al. (2023) reported that experiencing racism is a significant barrier that hinders access to primary health care and nursing care for both patients and their families (50).

Language barriers are one of the primary obstacles that make it difficult to provide culturally safe care (59). The inability to establish effective communication between healthcare professionals and patients can make it difficult to accurately assess an individual's needs, determine care priorities, and implement nursing interventions in a timely manner (56). İt has been reported that communication gaps and problems with intra-team coordination are among the key determinants of missed nursing care, and that this situation negatively impacts patient safety and the quality of care by causing delays in care, incomplete implementation, or the complete omission of care (9). Nursing care is one of the key factors determining the quality of health care and plays a critical role in improving patient safety and care outcomes (47). İn a review conducted by Papathanasiou et al. (2024), it was noted that psychosocial factors such as discrimination and racism are among the key factors contributing to missed nursing care

(10). Communication breakdowns are also one of the key determinants in the occurrence of missed nursing care; a study reported that communication failures are one of the primary factors causing disruptions in nursing care and that this situation poses significant risks to patient safety (47). İn this regard, reducing language barriers, strengthening culturally safe care practices, and adopting effective communication strategies are among the key approaches to preventing missed nursing care, enhancing patient safety, and improving the quality of care.

CONCLUSION

Language barriers, cultural safety, and missed nursing care are closely interrelated concepts. Language barriers increase nurses' invisible language-related workload and reduce the time available for care, disrupting workflow and potentially leading to delays or failure to perform certain care interventions. İn contrast, the cultural safety approach offers an important framework that can help break this negative cycle by supporting effective communication, equitable care relationships, and patient-centered practices.

In this regard, patients' language needs should be systematically assessed in healthcare settings, access to professional interpreter services should be increased, reliable multilingual communication tools should be used, and nurses' cultural safety competencies should be supported. İn addition, by ensuring adequate staffing and resources, the additional workload caused by language barriers should be prevented from disrupting the continuity of care. Future research should directly examine the effects of language barriers on workflow, invisible language labor, and missed nursing care. Addressing these three concepts together is crucial for enhancing patient safety, reducing health disparities, and improving the quality of care.

Ethics Approval and Consent

Ethical approval was not required since it was a review article.

Conflict of Interest

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Author Contributions

EK: Conceptualization, literature review, writing of the original draft, and manuscript preparation.

SA: Study supervision, critical revision of the manuscript, and final approval of the version to be published.

SB: Conceptualization, Critical review of the literature, manuscript revision, and editing.

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