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'Active offer': Nurses' Power and Privilege Influencing French-speaking Acadian Patient Safety

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Abstract
Nurses must communicate effectively with patients of a minority language to mitigate the risks of significant and costly patient safety issues. Within Canada's predominant English healthcare delivery system, inadequate language translation during the provision of care between nurses fluent in English and patients whose primary language is French-speaking Acadian increases the risk of health inequities. Using Leininger's Theory of Cultural Care Diversity and Universality this paper explores the impact of nurses' power and privilege related to French-speaking and Acadian patient safety within an English-dominated healthcare system and their role to affect change. Through reflective practice, critical inquiry and activating the 'Active offer', nurses will be empowered to reduce safety risks for this population.

Key Words: Privilege, Acadian, Language, Safety, Equity 'Active offer'

Think about the last time you had an encounter speaking with a person who is not fluent in your language, perhaps at the market. You may have attempted to speak the other person's language. The conversation tends to comprise of poorly-pronounced words, fragmented sentences and creative hand gestures. Both parties are searching for a glimmer of understanding from the other to indicate that the intended message was received with a head nod or smile. Though frustrating, these interactions within the community setting may not result in safety issues. Yet, within healthcare, ineffective communication with patients of another language may lead to significant and costly patient safety issues (Carnevale, Vissandjée, Nyland & Vinet-Bonin, 2009; de Moissac & Bowen 2019). Inadequate language translation during the provision of care between nurses fluent in English and patients whose primary language is not English increases the risk of health inequities (Bowen, 2015; Green & Nze, 2017) to the extent that nurses can misunderstand patients' concerns, and patients can misunderstand the information or the direction provided by nurses (Hurtig, Alper, & Berkowtiz, 2018). As practicing Registered Nurses (RN) who live and work in Southwestern Nova Scotia, the authors have strong connections to the French-speaking Acadian community both professionally and personally. Annually RNs in Nova Scotia (NS) are required to complete the Continuing Competence Program as part of the self-regulation process by reflecting and striving to improve their practice (Nova Scotia College of Nursing [NSCN], 2019). Since patient safety is a priority issue within the Canadian healthcare system, which

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includes safety considerations arising from the existence of language barriers, the authors wish to highlight the importance of providing nursing care in the patient's language of choice.

Within NSCN Standards of Practice for Registered Nurses (RN) (2017) the Knowledge-Based Practice standard indicator states "[r]especting diversity and promoting cultural competence and a culturally safe environment for clients and members of the health care team" (p.11) is an activity that nurses need to demonstrate. Using Leininger's Theory of Cultural Care Diversity and Universality (Wehbe-Alamah, 2020), the authors endeavor to reflect more deeply on how this NSCN indicator is influenced by historical roots in power and privilege within an English dominant healthcare system. As well, this paper will heighten nurses' understanding of inequities due to language barriers, and to advocate for using Active Offer of French-Language Health Services (Société Santé en français, 2017) within Southwestern Nova Scotia.

Leininger developed the "Sunrise Enabler" as a visual tool (see Figure 1) to help explore the domain of inquiry (Leininger, 2006). The domain of inquiry in this case will be the French-speaking Acadians who are a minority language population within the predominately English Nova Scotia healthcare system. Within the tool many culturally significant factors are considered which influence the decision making and actions of nurses when delivering culturally competent care. The authors use the three modes of culture care preserving, accommodating, and repatterning to organize the discussion (Wehbe-Alamah, 2020).

Preserving

According to Wehbe-Alamah (2020), Leininger's mode, culture care of preserving, focuses on assisting "cultures to retain or preserve" care beliefs (p. 300). In order for a nurse to provide culturally congruent care then, the nurse must value the French-speaking Acadian population in terms of their language, ethnohistory and environmental context to facilitate decision making that is meaningful for the person.

Language

Canada is a nation with two official languages, English and French. Based on the Statistics Canada 2016 Census, 74.5% reported speaking English in the home whereas 23.4% spoke French thus, making French the minority language (Statistics Canada, 2017). In 2016, the Office of the Commission of Official Languages (2018) reported that an approximate 7.9 million people, or 22.8%, identified as French speaking. Of those, approximately 270,000 people lived in the Atlantic region. Within this region, the greatest population resides in the province of New Brunswick, while other vibrant French-speaking communities are located in Nova Scotia, Prince Edward Island, and Newfoundland and Labrador (Office of the Commission of Official Languages, 2018). The municipalities of Clare and Argyle in Southwestern Nova Scotia identify as Acadian and continue to promote their culture through hosting major events such as the Congrès mondial acadien in 2024 (Municipality of the District of Argyle, 2019). The map of Nova Scotia (Figure 2) depicting French language in NS from 2001 to 2016 (PáezSilva & Lavoie, 2019) demonstrates why Southwestern Nova Scotia is in a unique position for nurses to actively offer-French-speaking Acadians the opportunity to receive healthcare delivery in their language of choice. 'Active offer' refers to organizational proactive measures intended to increase visibility, availability and accessibility of regular and permanent French-language health services to Francophones and Acadians (Farmanova, Bouchard & Bonneville, 2018; Société Santé en français, 2017). This will be further discussed in a later section under repatterning.

Ethnohistory

Acadians maintain a distinct history, culture, language, cuisine and customs unique from other Francophones in Canada (Saulnier-Boudreau, 2004). They are known for a dialect that infuses a spattering of English with traditional Acadian

words and phrases into their predominantly French conversations. Acadians live in small dispersed French-speaking communities who proudly celebrate their historical roots such as the literary folklore of Longfellow's 1847 poem, 'Evangeline, Tale of Acadie' (Laxer, 2006). Acadians preserve a legacy of peaceful, close-knit and cooperative communities who predominantly made their living from the land and sea (Saulnier-Boudreau, 2004).

According to Laxer's (2006) historical account, in 1605, settlers originating from France were established in the area known as Annapolis Royal in Nova Scotia. Over the next 150 years even though the land the Acadians inhabited would change hands between France and Britain numerous times, the Acadians remained neutral and refused to bear arms. Caught between years of conflict between the British and French competing for control of the land, the Acadians were increasingly viewed by the British Empire as a potential threat to political uprising (Laxer, 2006). As a result, in 1755, the 'Grand Dérangement' or 'Great Expulsion' took place. During the deportation, families were separated, many never to be reunited again; their land, homes, and livestock were taken. In addition, homes were torched leaving Acadian families with nothing (Jobb, 2005; Laxer, 2006). Many Acadians were placed on ships then sent to British colonies along the Eastern seaboard of the Americas; many perished during the voyage and survivors faced harsh living conditions and various epidemics (Saulnier-Boudreau, 2004). In 1763, after the signing of the Treaty of Paris ending the seven-year war, Acadians were permitted to return to Canada and forced to settle in small scattered groups to minimize the risk of potential uprising (Laxer, 2006).

Environmental Context

The legacy of colonization two centuries ago continues to permeate today's mainstream Acadian culture of neutrality (Jobb, 2005). After resettlement Acadians struggled for legitimacy by the British colonial rulers, "dispossessed and poorly educated, Acadians were often ill prepared to defend their rights" (Laxer, 2006, p. 120). Political rights, socio-economic stability and education transformation evolved slowly (Laxer, 2006). "Acadians had gone from having an independent, relatively prosperous and largely self-sufficient society, to living on the margins of a dominant social order" (Laxer, 2006, p. 120). With perseverance and optimism, the Acadian culture is growing in resilience as the Acadian people transition away from the historical legacy of the deportation and colonization that created trepidation of authority (Jobb, 2005).

Harmonious Acadian living continues to be valued; yet this cultural legacy of neutrality (Jobb, 2005) may have unintentional consequences. Acadian patients may be less likely to speak out or to question authority. As part of RNs entry-level competencies in NS, the document specifically names French Acadians as population of interest in terms of assessing for health disparities and inequities related to its origins (NSCN, 2013). This increases the responsibility of nurses to ensure cultural safety and to be vigilant when communicating with the Acadian populations to ensure that these patients' voices are heard and, ultimately to minimize patient safety risks.

Accommodating

Continuing with Leininger's mode of cultural care, accommodating is emphasized by the actions that facilitate adaptation for culturally congruent, safe and effective care" (Wehbe-Alamah, 2020, p. 300). Within the nursing profession the Code of Ethics for Registered Nurses is a foundational document which describes the nursing culture's values and beliefs (Canadian Nurses Association [CNA], 2017). When a nurse acts it is with the lens of providing ethical and culturally safe care. By considering these two components and adapting practice, this will facilitate overcoming patient safety challenges as experienced by French-speaking Acadians.

Ethical Considerations

The Code of Ethics for Registered Nurses calls for nurses to ensure patients receive accessible healthcare services at the right time, in the right

place, by the right provider (CNA, 2017) and by extension in the 'right' language. Nurses are expected to uphold a legal and ethical obligation to strive for social justice and health equity within standards of practice and are expected to advocate and protect the public (CNA, 2017; Potter & Cobbett, 2020). Clearly, the responsibility is guided by professional standards. Yet, we know that the path is often not linear nor clearly defined. Nurses are expected to reflect on professional obligations to uncover patient safety risks associated with miscommunication as it relates to language barriers (Bowen, 2015). In certain instances, nurses may not feel it is their responsibility to bridge the language gap (van Rosse, de Bruijne, Suurmond, Essink-Bot, & Wagner, 2016). "Nurses lose sight of the way in which they are making a difference and promoting well-being; and the discourse between nurses becomes one of 'that's just the way it is', and the system problems go unaddressed" (Hartrick Doane & Varcoe, 2015, p. 9). This can create moral distress where the nurse feels powerless to act within the current organizational structure (CNA, 2017; Hartrick Doane & Varcoe, 2015; McGibbon & Wambui Mbugua, 2019; Rodney, 2017). Moral distress may arise when a nurse recognizes that the patient should have, or is requesting, healthcare delivery in the language of their choice (CNA, 2017). For example, interpreter services may not be readily accessible or there is a delay for the interpreter to arrive (Trimble, 2014). Time delays impact on the nurse's busy shift, 'taking time away' from other patients, or if the patient is in an emergent situation where time is precious (Hu, 2018).

Another ethical consideration is confidentiality. Confidentiality in healthcare delivery is essential and as a regulated profession, nurses are held to high expectations to ensure confidentiality is upheld (CNA, 2017). Ethically, nurses must use caution when asking family members or individuals outside of the patient's circle of care to interpret the nurse-patient conversation. It may present risks to communication accuracy, patient safety, quality of care, and privacy (CNA, 2017; Paradise et al., 2019). Particularly if the medical jargon is not easily translatable or if the intended message may have profound emotional implications such as receiving a poorly misunderstood prognosis. Informal interpreters may also inadvertently insert their own understanding or interpretation of the intended message during the translation process unbeknownst to the nurse and patient (Varcarolis, 2019). In saying this it is important to recognize that families are valued members of the patient care team to support the patient.

Cultural Considerations

Cultural safety begins when nurses reflect on their own personal beliefs, bias and values (Kaihlanen, Hietapakka, & Heponiemi, 2019). Understanding the "bicultural nature" of the nurse-patient relationship begins with nurses reflecting on "themselves, their own race, culture, and imprinted stereotypes, and seeking to understand the social determinants of health, as they have evolved in post-colonial times" (Yeung, 2016, p. 3). Nurses must critically examine how their social position creates a social advantage or disadvantage relative to those to whom care is provided (Varcoe, Browne, & Cender, 2014). The nursing value of Promoting and Respecting Informed Decision-Making, put forth by the CNA (2017), requires nurses to be cognizant of inherent power differentials between themselves and the patient ensuring not to misuse their power to influence patients' decision-making. Nurses are at risk of not truly understanding the power of their privilege, which may be referred to as an 'invisible knapsack' (Margolin, 2015; McGibbon, Bailey & Lukeman, 2020). The concept of wearing an 'invisible knapsack' refers to when a dominant culture is complacent and unaware of their inherent privilege because it is habitual, automatic, and hidden by good intentions (Margolin, 2015). Privilege has been referred to as an 'invisible knapsack' because those wearing it do not recognize the root causes of issues because these root causes "are hidden below the surface in the systemic structures" (McGibbon, et al., 2020, p. 506), therefore rendering them out of sight and more difficult to challenge. English-speaking nurses in Canada may not realize that the circumstances in which they are born automatically predisposes them to

more health equity than those who are not English speaking.

People do not choose the language or the culture into which they are born. This is a fundamental factor that must be considered when one's language and culture are not congruent with dominant systems in which one must function (Yeung, 2016). Patients accessing the healthcare system regardless of the point of entry experience an inherent power imbalance (CNA, 2017) because the nurse is perceived has having authority and control over the patient. This power imbalance is magnified when there is a language barrier. When reflecting on the Acadian ethnohistory of neutrality (Jobb, 2005) nurses are asked to consider how their own power and privilege may adversely influence cultural safety within this population. Furthermore, nurses must consider the systemic context of how cultural differences are influenced by "patriarchy, racism, imperialism, and colonization" (Hartrick, Doane & Varcoe, 2015, p 141) and how paternalistic behaviours such as policing, enforcement, and control (Bladon, 2019; Schiffinger, Latzke & Steyrer, 2016) prevent nurses from critically appraising broad systemic influences.

There is inherent privilege when the healthcare provider's native language is English and the patient's primary language is not (Bowen, 2015). Critical inquiry is necessary to question power structures and social contexts that impede optimal patient care (Hartrick Doane & Varcoe, 2015). Safe nursing practice "involves understanding and naming power and privileges in the therapeutic relationship…where structural, systemic processes such as oppression and colonialism are explicitly discussed in the context of nursing practice" (McGibbon & Wambui Mbugua, 2019, p. 176). McIntyre and McDonald (2019) challenge nurses not to simply confront the status quo of current practices but rather to move towards a culture of critically questioning entrenched beliefs and structures which influence practice. Nurses are more than ever questioning traditional healthcare structures, policies and practices to gain a greater understanding of how these mechanisms have created imbalances (CNA, 2017) and ultimately advance nursing practice. In regularly asking questions that seek to identify underlying causes of power and privilege within a cultural, economic, political, social and spiritual context, nurses are better positioned to provide more safe, ethical and comprehensive nursing care (McGibbon & Wambui Mbugua, 2019).

Patient Safety

Patient safety may be defined as preventing and minimizing the occurrence of unsafe situations as well as providing evidence-informed healthcare delivery to maximize optimal patient outcomes (Canadian Patient Safety Institute, 2016). Language is at the core of cultural safety, which is an essential component of patient safety. The degree to which one is fluent in the dominant language impacts patient safety because the power of language shapes how we perceive and express our experiences (Hartrick Doane & Varcoe, 2015). Patients who are not fluent in the dominant language in which healthcare services are offered experience an exponential vulnerability (Green & Nze, 2018). An English-dominant healthcare system within which nurses and patients encounter one another can foster an imbalance of power which can lead to numerous patient safety and organizational risks (Bowen, 2015; Hartrick Doane & Varcoe, 2015). Regrettably, effective and equitable healthcare delivery can be compromised when linguistic differences exist between the patient and the provider (de Moissac & Bowen, 2019; Meuter, Gallois, Segalowitz, Ryder & Hocking, 2015). For example, nurses should not assume that Acadians have mastery of English or that they understand the intended message because they may mix English words into their French conversation.

Safety risks can occur when the patient does not fully understand the intended message and feels that they are not empowered to question the nurse for clarity. This miscommunication can result in lower quality care compared to their English-speaking counterparts (Bowen, 2015; Meuter et al.,2015). This may create a precarious environment which has implications for patient safety. Miscommunication of

instructions or expectation of care can lead to patient safety issues such as missing follow up appointments. Nurses are at risk of focusing too much on the clinical and administrative tasks at hand, and not looking beyond the routine to understand the broader contextual issues that influence patient health and safety (McGibbon & Wambui Mbugua, 2019). Whether a nurse is conducting a nursing assessment, providing patient education or nursing care, language matters to patient safety (Collins, 2018).

There are a number of reported adverse factors that have led to patient safety risks related to language barriers. Minority-language patients who could normally communicate in English reported ineffective communication during times of stress, intense pain, or while under the influence of medication (de Mossaic & Bowen, 2019). Persons diagnosed with delirium, dementia, or a mental illness are particularly vulnerable as they are inclined to revert back to their mother tongue in acute phases of the disease (Lokko & Stern, 2015). Mental health care providers reported that "clients prefer to communicate in their mother tongue as they can express their emotions, feelings and problems and analyze problems in more depth" (de Moissac & Drolet, 2017, p. 193). Other identified impacts include potential for misdiagnosis, delayed treatment, and limited understanding of their health condition or prescribed treatment, incomplete patient education and hospital discharge instructions (de Moissac & Bowen, 2019); inadequate pain management (Bowen, 2015), hesitance to seek out medical services (McArthur & Jakubec, 2019); and medication communication errors (Green, 2017).

In a given situation, a nurse may experience the challenge to provide safe and ethical care due to systemic factors such as ineffective resource allocation, insufficient supports, funding or policies and protocols. Healthcare barriers reported in one study included increased stress and decreased confidence experienced by patients who were faced with communicating in another language other than their preferred language (de Moissac & Bowen, 2019). A significant finding revealed in a European study of 576 patients who experienced language barriers was that nurses did not employ interpreter services for daily nursing care (van Rosse, et al. (2016). The reasons cited were related to the high frequency and short length of nurse-patient interactions throughout the shift. Van Rosse et al. (2016) exposed a number of alarming patient safety issues including the nurse omitting the double identifier of asking name and date of birth before medication administration or nursing procedures, inadequate pain management, incomplete nursing assessment, incomplete nursing documentation, and asking family members to interpret. Nápoles, Santoyo-Olsson, Karliner, Gregorich, and Pérez-Stable (2015) investigated the use of informal or ad-hoc interpreters across six American hospitals with Latino patients. The authors reported an average of 27 errors per encounter with an average of one to two potentially moderately to high risk to patient safety (Nápoles et al., 2015).

Repatterning

The final mode of Leininger's Theory of Cultural Care Diversity and Universality is repatterning. This is where the reflective process moves to action in practice. Within this mode changes to practice and restructuring of organizations help people "toward a mutual understanding between caregivers and care receivers" (Wehbe-Alamah, 2020, p. 300) thereby reducing unnecessary health inequities for French-speaking Acadians.

'Active offer'

Offering the patient healthcare services in their language of their choice is a significant driver to help improve patient safety outcomes (Bower, 2015). Stemming from the *Action Plan for Official Languages - 2018-2023: Investing in our Future,* there is federal financial investment to promote 'active offer', which is a critical step towards narrowing the equity gap (Government of Canada, 2018). Yet, this investment has not yet fully materialized in a meaningful way in nursing care.

As mentioned previously, the 'Active offer' refers to organizational proactive measures intended to increase visibility, availability and accessibility of regular and permanent French-language health services to Francophones and Acadians (Farmanova et al., 2018; Société Santé en français, 2017). A primary directive of the 'Active offer' is to cultivate a healthcare environment where the healthcare provider is expected to offer services to the patient in the language of their choice, rather than placing the expectation on the patient to adapt to healthcare providers' preferred language. "The 'Active offer' of services: respects the principle of equity; aims for service quality comparable to that provided in English; is linguistically and culturally appropriate to the needs and priorities of Francophone and Acadian communities" (Société Santé en français, 2017, p. 5).

Nursing

Nurses should be aware of the political landscape to understand how government directives trickle down to impact nursing practice as well as the wellbeing and safety of patients (CNA, 2017; McIntyre & McDonald, 2019). Nurses are expected to be politically savvy about the public policies that influence patient safety which include directives such as the 'Active offer'. Nurses may feel disempowered to make high-impact changes at the upper levels of the healthcare delivery system (McIntyre & McDonald, 2019). However, it is the authors' opinion, nurses can make realistic and positive changes within their own practice and work environment such as speaking out for organizational policy changes that can impact patient safety for French-speaking Acadian patients.

Nurses may connect with one of 16 regional, provincial and territorial French Language Health Networks (FLHNs) in Canada. The FLHNs work with partners to improve access to French language services to people living in minority situations (Société Santé en français, 2018). At the national level, the Société Santé en français, which connects the FLHNs, is another source for resources and information regarding the 'Active offer'. The website *Savoir-santé* (https://www.savoir-sante.ca/en/) is a comprehensive site where information in various formats can be found regarding the 'Active offer' and other topics regarding health services in French (Health Canada, 2019). Also, the website *Toolbox for The Active Offer*, a portal of the Consortium national de formation en santé (2019), is yet another valuable resource for nurses and all healthcare providers wishing to increase their knowledge and ability to provide the 'Active offer'.

Policy actions related to language and patient safety may include but not be limited to the following suggestions: requesting signage in both official languages about the 'Active offer'; adding preferred language of communication on adverse events reports as a potential contributing factor; educating staff on the relationship between language barriers and patient safety risks, as well as the importance of the 'Active offer' to minimize these risks; lobbying for translation services if none; registering for a basic French language courses. At the bedside or during the first contact with patients, there are many interventions nurses may incorporate into their practice to actively offer services in the language of choice of the patient. For example, the nurse should ask the patient what is their preferred language of communication. Subsequently the nurse can share this response with the healthcare team, recognize the need for an interpreter, be aware of agency policies and methods to obtain an interpreter, and/or become familiar with the French-language services plan for the institution. Wear a Bonjour/Hello lapel pin (Réseau Santé – Nouvelle-Écosse, 2019) to self-identify being able to actively offer bilingual services in French and English.

Culture, which includes language, is one of the determinants of health which is included in the Entry Level Competencies for both RNs and Licensed Practical Nurses (LPN) in the province of Nova Scotia (NSCN, 2013). Therefore, it is the optimal time for nurses to learn about the concept of 'Active offer' during nursing education through the curriculum and also in clinical placements. One potential challenge to incorporating 'Active offer' within the nursing

curriculum, is to have faculty become comfortable with the topic and be aware of resources available. Faculty need to be supported in delivering the content, possibly have access to a resource person, and/or be part of a "community of practice" (Dubouloz, Benoît, Savard, Guitard, and Bigney, 2017, p. 276). Connecting with the French Language Health Network in their province of practice and Société Santé en français (2018) would be beneficial.

Organization

There are a number of barriers to consider that prevent fully implementing the 'Active offer' within an English-dominant healthcare system. Tote, Leis, Denis and Karunanayake (2015) contend that the lack of Francophone providers, ineffective government policies, and poor access to services offered in French perpetuate inequities in healthcare delivery. Healthcare organizations may experience lack of human resources with proficiency in French, frequent staff turnover, limited financial resources and budget cuts, limited support from staff and leadership to advance the 'Active offer', and low prioritization (Farmanova et al.,2018).

Language and communication challenges can lead to lower quality of healthcare, decreased access to adequate primary care or health prevention, increased risk of non-compliance with treatment plans, higher rates of infectious disease, and maternal and infant mortality (Health Standards Organization, 2019). Healthcare providers may not be fully aware that failing to address language barriers can create patient and organizational risks (Bowen, 2015). According to Bowen (2015) there is a widely-held belief within healthcare that language services are a supplementary not a core service.

As part of a federal initiative, in 2018 the Government of Canada released an action plan, *Action Plan for Official Languages - 2018-2023: Investing in our Future,* to address the inclusiveness of both official languages. This directive along with federal financial investment will provide support for communities to promote the duality of both official languages across sectors such as education and health (Government of Canada, 2018). As of 2017, nine out of ten provinces have policies to provide government services in the minority language (Government of Canada, 2018). Société Santé en français is one of the national organizations that falls within this government portfolio. The organization supports 16 provincial, territorial and regional networks to advocate, plan and organize French-language health services for Francophones in minority contexts (Government of Canada, 2018; Société Santé en français, 2017). This includes the federally-funded and provincially administered program the 'Active offer' designed to provide education on the importance of actively offering linguistic minority patients' services in the language of their choice. The goal is to offer a comprehensive approach to enhance patient-centered health outcomes and minimize patient safety risks (Government of Canada, 2018; Tote et al.,2015).

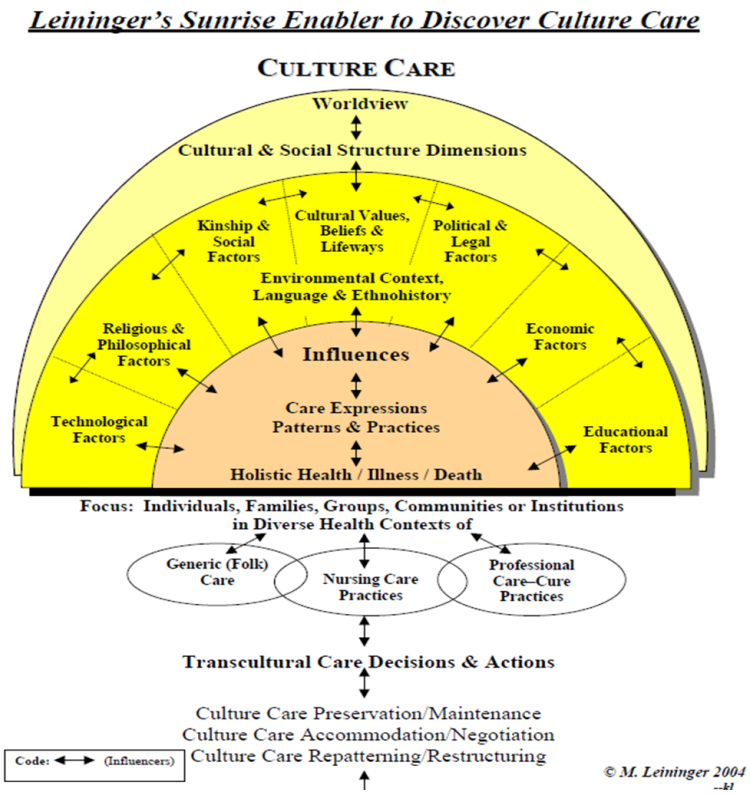
Accreditation Canada has recently developed a new accreditation standard commissioned by Societe santé en français, *Access to Health and Social Services in Official Languages*. It is available to healthcare organizations to provide guidelines for quality and ethical care to linguistic minorities (Health Standards Organization, 2019).

Conclusion

Leininger's Theory of Cultural Care Diversity and Universality and associated visual aid of the 'Sunrise Enabler' (Leininger, 2016; Wehbe-Alamah, 2020), guided the self-reflection process and critical inquiry of health inequities experienced by the French-speaking Acadians. Even though the French-speaking Acadian population was the focus of this reflection, the analysis of offering services in the language of the patient's choice needs to be considered when there is a language power imbalance. Nurses are encouraged to further explore their own beliefs of power and privilege related to patient safety within the English-dominated healthcare delivery system and their role to affect change. Through critical inquiry, advocating for policy changes, and activating the 'Active offer', it is

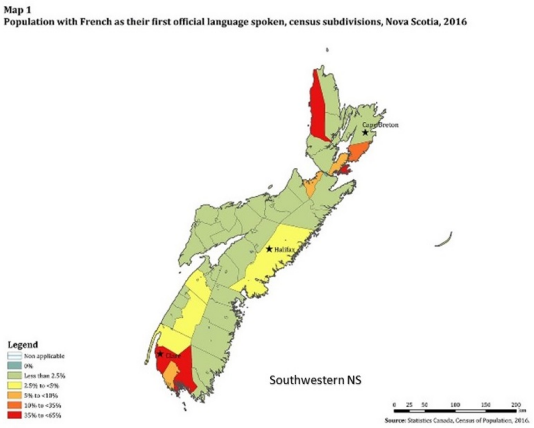
hoped that nurses will feel empowered to advance care for French-speaking Acadian patients to mitigate and reduce safety risks.

Figure 1



(Leininger, 2006)

Figure 2
Páez Silva, A. & Lavoie, E. (2019)



Ethical approval was not required as there were to research participants involved in writing this manuscript nor was there an identified risk to the populations mentioned.
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