

**Impact of Language Barriers on Patients Care: A Case Study of Pashto Speaking Patients in PIMS hospital Islamabad**

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**Abstract**

This study aimed to investigate the impact of language barriers on patient care in Pakistan from the perspective of patients who do not speak the primary language of their healthcare provider. Qualitative research was carried out at Islamabad Hospital, Pakistan Institute of Medical Science, where five admitted patients from different departments were selected using purposive sampling technique after obtaining their consent, and data was gathered through semi- structured interviews conducted over a period of three weeks. The interviews were transcribed, and a manual qualitative thematic analysis was performed, resulting in the generation of codes, subthemes, and themes, that assessed their satisfaction with healthcare services, communication with healthcare providers, accuracy of medical diagnoses and treatment plans, adherence to prescribed treatments and medications, emotional Impact, trust in healthcare providers, quality of Care, patients satisfaction , timeliness of healthcare services and interventions, engagement in shared decision-making processes, overall health outcomes and well-being, and access to and use of healthcare facilities. The results of the study suggest that language barriers have a significant negative impact on patient care and outcomes in Pakistan, including patient satisfaction, communication, accuracy of diagnoses and treatment plans, adherence to treatments and medications, trust in healthcare providers, cultural competency of healthcare providers, timeliness of healthcare services, engagement in shared decision-making processes, overall health outcomes and well-being, and access to and use of healthcare facilities.

**Key Words:** communication, language barriers, health care, Pashto speaking patients

**Introduction**

Communication is all about getting information from one party to another. According to Merriam-Webster Dictionary, communication can be defined as the process or act of exchanging, expressing or conveying information and ideas through writing, speaking and gesturing. Efficient communication is among the key factors that ensure quality healthcare services, leading to successful interactions between healthcare providers and users. (Agyemang- Duah et al., 2021). Language differences significantly affect both the expenses and standards of healthcare, often arising between healthcare professionals and patients who do not have a common language of origin. (Al Shamsi et al., 2020). Studies have shown that excellent patient-centered communication can help strengthen patients' relationships with nurses, manage their emotions, comprehend critical information about their condition, cope with uncertainty, and play a more active role in making decisions about their

health. (Alshammari et al., 2019). The presence of language barriers can significantly affect both the quality and cost of healthcare services. Such barriers often arise when patients and healthcare providers do not share a common native language. Despite these challenges, healthcare providers must still strive to provide high-quality care that adheres to principles of equity and human rights for all patients, regardless of any language barriers that may exist. (Al Shamsi et al., 2020) Language barriers are a key cause of miscommunication between medical providers and patients, and negatively affect the quality of healthcare services and patient satisfaction. Hospital medical professionals perceive language barriers to be a source of workplace stress and an impediment to the delivery of high-quality healthcare. (Junaid & Rafi, 2019). According to some study health inequalities, including unequal medical treatment due to language differences, lead to unequal access to healthcare and poor health outcomes. For example, a recent study showed that patients who are not proficient in the language spoken in their community face difficulties in accessing healthcare services. Numerous studies have also indicated that patients encountering language barriers have worse health outcomes compared to those who speak the predominant language. There is an increasing body of evidence that supports this finding. (Al Shamsi et al., 2020). An effective and efficient healthcare system requires the growth of healthcare providers' workforce. The management of the healthcare system is carried out by people, including well-educated and enthusiastic physicians, nurses, and support staff (Adnan et al., n.d.). 5–10% of the general population and more than 15% of hospital admissions have communication problems (Bartlett, Blais, Tamblyn, Clermont, & MacGibbon, 2008). A study conducted by Kourakos M. 20171 found that 44% of healthcare professionals agreed that there were existing contact inequalities in communication despite 40% of patients reporting that healthcare practitioners (HCP) used abusive and insulting language. As patients view interactions with the nurses as essential to their care, it is crucial that all elements of care and nursing be discussed with patients. Also, by communicating with patients, nurses may better understand their requirements and provide high-quality medical treatment. (Cossette et al, 2005) Patients with communication disability were three times more likely to experience medical or clinical complications compared to other patients. (Bartlett. G et al., 2008). Pakistan is a country with a diverse cultural and linguistic landscape. The most commonly spoken language in Pakistan is Punjabi, while only a small portion (7.57%) of the population speaks Urdu as their first language. Despite the fact that Urdu and English are both considered official languages, a majority of people living in rural areas do not understand either of these languages. (Mustafa et al., 2023). Effective communication between patients and medical personnel is necessary for effective medical treatment. (Noack et al., 2021)

The benefits of a strong therapeutic relationship include improved health outcomes, increased sense of control over health issues, strengthened sense of support from the doctor and nurses, increased medical adherence and follow-up, improved understanding of the treatment process, collaboration in decision-making, and development of a trusting relationship. (Adnan et al., n.d.). To address the impact of the language barrier on patient care, healthcare providers must take steps to ensure effective communication with Pashto-speaking patients. This can include hiring or training interpreters, providing translated materials, and ensuring that healthcare providers are culturally competent and sensitive to the needs of patients from different linguistic and cultural backgrounds.

### **Background:**

Language barriers in healthcare settings have been identified as a significant challenge to providing high-quality healthcare services to patients. Communication difficulties due to language barriers can lead to misdiagnosis, inappropriate treatment, and patient dissatisfaction with healthcare services. This problem is particularly acute in countries like Pakistan, where many patients speak languages other than Urdu, which are the primary languages spoken by healthcare providers. Previous studies have investigated the impact of language barriers on patient care outcomes in different settings, but

there is a lack of research in the context of Pakistan. It is important to investigate this issue in Pakistan because of the country's diverse linguistic landscape and the potential impact on patient care outcomes.

### **Significance:**

This study highlights the challenges faced by patients who do not speak the primary language of their healthcare provider in Pakistan. The findings can inform strategies for improving communication and providing appropriate healthcare services, contributing to better patient outcomes and service quality. The previous study in Pakistan only focused on Punjabi, but this study also considers Pashto-speaking patients. The study is particularly relevant to patients from KPK who face language barriers in PIMS hospital.

### **Objective of the study**

The purpose of this study is

1. To evaluate the impact of language barriers on patient care, including miscommunication, incorrect diagnoses, and patient satisfaction.
2. To identify strategies used by healthcare provider and patients to overcome language barriers in the healthcare system.

### **Methodology**

#### **Study design**

A qualitative study design was employed in which face to face interviews were conducted with patients. The nature of the study was exploratory and descriptive

#### **Study setting and sampling frame**

The sampling frame involved patients, and the study was conducted for a period of three weeks in February – march 2023 in Pakistan Institute of Medical Science Islamabad. A total of 5 patients who did not speak Urdu as their primary language were included in the study through purposive sampling technique. Thematic analysis used.

#### **Data Collection Procedure**

Semi-structured interviews in the Urdu and Pashto language to collect data, which were also recorded on a cell phone. A set of open-ended questions were asked from the participants regarding the issues they face due to language barriers when communicating with the healthcare provider and their influence on the relationship. Each interview lasted for 50 to 60 minutes. The interviews were in-depth, face-to face, conducted individually, and took place at the mutually agreed up on locations in the premises of the selected hospitals. Researcher used coding and theme coding to understand the participants' emotions, and also took notes to connect with the sub-themes. To avoid any misunderstandings, the researchers listened to the cell phone recordings and read the transcripts multiple times.

#### **Ethical Consideration**

It is important to note that the study was conducted with the participant's written and verbal consent, and they were informed about the nature of the study. The researchers also obtained ethical approval from the head of the department.

#### **Data Analysis:**

The study utilized manual thematic analysis on audiotaped data from PIMS hospitals to assess communication barriers between healthcare providers and patients. Inductive coding through two

cycles identified semantic and latent codes, which were merged to form subthemes and themes related to communication difficulties, emotional impact, and trust issues, quality of care, patient satisfaction, and health outcomes. The questions were grouped into five categories for analysis.

## Result:

### Impact of Language Barriers in Patient – Healthcare provider Relationship

Table-I: Influence of language barriers on the healthcare provider -patient relationship

| <i>Themes</i>                | <i>Subthemes</i>                       | <i>Representative Quote</i>  |
|------------------------------|--|--|
| 1.Communication Difficulties | 1. Repetition                          | "I had to keep repeating myself, and I could tell the doctor was getting frustrated with me."(pt.3)<br>"I had to keep repeating myself because the nurse did not understand what I was saying. It was embarrassing."   |
|                              | 2. Misunderstandings                   | "I thought the doctor said one thing, but later I found out that it was something completely different." (pt. 3,1)<br>"The nurse did not understand what I was trying to say, and as a result, she gave me the wrong instructions. I ended up missing my medication....."(pt. 2) |
|                              | 3. Limited Vocabulary                  | "The doctor was using words that I didn't understand, and I felt embarrassed to ask." (pt.3)   |
|                              | 4. Ineffective Counseling              | "The doctor tried to explain things to me, but I still didn't understand what was going on.".....(pt 1)  |
| 2.Emotional Impact           | 1. Frustration                         | "It was so frustrating not being able to communicate properly with my doctor."(pt 5,2)   |
|                              | 2. Anxiety                             | "I was worried that I wasn't getting the right treatment because of the language barrier."( pt 5)  |
|                              | 3. Helpless                            | "I felt angry and helpless that the doctor wasn't making an effort to understand me."(pt 4,3)  |
| 3.Trust Issues               | 1. Predilection towards Native Speaker | "I felt like the doctor was more willing to listen to someone who spoke the same language as him."( pt5)   |
|                              | 2. Difficulty in Obtaining Consent     | "I didn't really understand what I was consenting to because of the language barrier."(pt 1,2)<br>"I didn't think the doctor was very good because he couldn't understand me."(pt3,4, 5)   |
|                              | 3. Perceived Lack of                   |  |

## Competence

|  |  |  |
|--|--|--|
| 4. Quality of Care                               | 1. Misdiagnosis                          | "I think my doctor misdiagnosed me because he didn't understand what I was saying."(pt 4,5)  |
|  | 2. Incorrect Treatment Plans             | "My child was given the wrong medication because the doctor didn't understand his symptoms. Condition of my patient deteriorate"(pt 5) |
|  | 3. Patient Safety                        | "I was worried that my child might be in danger because the doctor didn't understand what was wrong with him."(pt 5)                   |
| 5. Patient Satisfaction                          | 1. Perception of Care                    | "I didn't feel like I was getting the best possible care because of the language barrier."(pt 5,1,3)                                   |
|  | 2. Relationship with Healthcare Provider | "I didn't feel like I had a good relationship with my doctor because of the language barrier."(pt 5)                                   |
|  | 3. Continuity of Care                    | "I had to keep switching doctors because I couldn't communicate properly with the ones "(pt 4,3, 5)                                    |
| MT (Main Theme), ST (Sub Theme) Pt (participant) |  |  |

### MT 1. Communication Difficulties:

Communication difficulties refer to any challenges or obstacles that may arise when individuals attempt to convey information or ideas to one another. In the context of healthcare, communication difficulties may arise when patients and healthcare providers do not speak the same language or have different levels of language proficiency. This can lead to misunderstandings, inadequate counseling, and poor health outcomes for patients. The first theme that emerged from our analysis was "Communication Difficulties," which included four sub-themes: Repetition, Misunderstanding, Limited Vocabulary, and Ineffective Counseling.

**ST. Repetition:** Several participants in our study reported that they had to repeat themselves several times before their healthcare providers could understand them. For example, one participant stated, *"I had to keep repeating myself, and I could tell the doctor was getting frustrated with me ..... "(pt.3),*

Another participant said,

*"I had to keep repeating myself because the nurse did not understand what I was saying. It was embarrassing."*

**ST. Misunderstandings:** Some participants reported that they had experienced misunderstandings with their healthcare providers. For example, one participant said,

*"I thought the doctor said one thing, but later I found out that it was something completely different." (pt. 3,1)"*

Another participant stated,

*"The nurse did not understand what I was trying to say, and as a result, she gave me the wrong instructions. I ended up missing my medication... "(pt. 2)*

**ST. Limited Vocabulary:** Many participants reported that they had a limited

vocabulary in the language spoken by their healthcare providers. For example, one participant stated,

*"I don't know all the medical terms in English, so it's hard for me to communicate with my doctor"*

**ST. Ineffective Counseling:** Several participants reported that they did not receive effective counseling from their healthcare providers due to language barriers. For example, one participant said,

*"The doctor tried to explain things to me, but I still didn't understand what was going on." ..... (pt 1)*

## **MT 2. Emotional Impact:**

Language barriers in healthcare can have a significant emotional impact on patients. Participants in our study reported experiencing various negative emotions due to difficulties communicating with their healthcare providers. The second theme that emerged from our analysis was "Emotional Impact," which included three sub-themes: Frustration, Anxiety, and Helplessness.

**ST. Frustration:** Is a feeling of disappointment or annoyance that arises when one is prevented from achieving a goal or desire. In the context of language barriers in healthcare, patients may feel frustrated when they are unable to effectively communicate with their healthcare providers, leading to misunderstandings or inadequate care. This frustration can be due to a variety of factors, including language differences, cultural barriers, or the lack of interpretation services. Frustration can negatively impact a patient's experience of care. Many participants reported feeling frustrated due to language barriers in healthcare. For example, one participant said,

*"It was so frustrating not being able to communicate properly with my doctor." (pt 5,2)*

**ST. Anxiety:** Is a feeling of unease, worry, or fear about an uncertain or potentially dangerous situation. In the context of language barriers in healthcare, patients may experience anxiety when they are unable to effectively communicate with their healthcare providers. This can be due to a lack of language proficiency, cultural differences, or other barriers that may impact communication. Anxiety can lead to increased stress, reduced trust in healthcare providers, and poorer health outcomes for patients. One participant said,

*"I feel anxious when I have to go to the doctor because I know I will struggle to communicate. It's a stressful experience."*

**ST. Helplessness** is a feeling of powerlessness, several participants reported feeling helpless due to language barriers in healthcare. For example, one participant said,

*"I feel helpless when I cannot understand what the doctor is saying. I don't know what to do, and I feel like I have no control over my healthcare."*

Another participant said

*"I felt angry and helpless that the doctor wasn't making an effort to understand me." (pt 4,3)*

## **MT 3. Trust Issues:**

Trust issues can be complex and multifaceted, and it's essential to understand the underlying reasons and factors to address them effectively. Building trust takes time, effort, and open communication, and it requires a genuine willingness to understand and appreciate the perspectives and needs of others.

**ST. Predilection towards Native Speaker:** This issue can arise when people tend to trust or prefer someone who speaks their native language or has a native-like fluency over someone who doesn't. One participant said

*"I felt like the doctor was more willing to listen to someone who spoke the same language as him." (pt 5)*

**ST. Difficulty in Obtaining Consent:** Trust can be easily broken when there is a lack of

transparency or clarity in obtaining consent. People might feel that their interests or needs are not being considered, or that they are being manipulated or coerced into doing something they are not comfortable with. One of the participants said that

*"I didn't really understand what I was consenting to because of the language barrier."*(pt 1)

**ST. Perceived Lack of Competence:** When people feel that someone lacks the necessary knowledge, skills, or experience to perform a task or provide guidance, they might perceive that person as less trustworthy or reliable. Most of our participants feel that

*"I didn't think the doctor was very good because he couldn't understand me."*(pt 3,4,5)

#### **MT 4. Quality of Care:**

The main theme of quality of care can be further broken down into several sub-themes, including misdiagnosis, incorrect treatment plans, and patient safety. One of the participants said about misdiagnosis that

*"I think my doctor misdiagnosed me because he didn't understand what I was saying."*(pt 4,5)

Another one said about incorrect treatment plans that

*"My child was given the wrong medication because the doctor didn't understand his symptoms. Condition of my patient deteriorated"*(pt 5)

The same participant talked about patient safety and said that

*"I was worried that my child might be in danger because the doctor didn't understand what was wrong with him."*(pt 5)

#### **MT 5. Patient Satisfaction:**

Patient satisfaction is a key indicator of the quality of care provided by healthcare organizations and providers. It can be defined as the level of contentment or fulfillment experienced by patients with the care they receive. The main theme can be broken down into several sub-themes, including perception of care, relationship with healthcare provider, and continuity of care. About the perception of care most of the participants were not satisfied and said.

*"I didn't feel like I was getting the best possible care because of the language barrier."*(pt 5,1,3)

About the ST. Relationship with Healthcare Provider one of the participants said

*"I didn't feel like I had a good relationship with my doctor because of the language barrier."*(pt 5)

Continuity of Care this sub-theme refers to the level of consistency and coordination of care received by patients over time. It includes factors such as access to care, follow-up care, and the ability to maintain ongoing relationships with healthcare providers. Most of the participants had the same feeling and said.

*"I had to keep switching doctors because I couldn't communicate properly with the ones"* (pt 4,3, 5)

#### **Discussion**

The results of the study indicated that language barriers had a significant negative impact on patient care and outcomes. One study result revealed the existence of some communication barriers such as disrespecting and verbally abusing pregnant women, language limitations by some healthcare providers and discrimination due to one's status which are affecting maternal service delivery in some health facilities in Malawi. (Madula et al., 2018). A study conducted in Punjab in 2018 by Saqib and colleagues on patients' perceptions of healthcare providers and pharmacists identified three

main themes, including healthcare professional-related factors, patient-related factors, and system-related factors. The second theme, which was related to the patients, focused solely on their eagerness, lack of understanding, and misconceptions. In the proposed study, two themes overlapped with the previous study, and three additional critical issues were addressed, including communication difficulties, trust issues, and quality of care. (Saqib et al., 2018). Another similar study conducted in Lahore, Pakistan in 2021 examined the challenges faced by doctors because of language barriers. The study identified six key themes, including frustration, lack of rapport, trust issues, patient dissatisfaction, compliance issues, and a threat to patient safety. However, the study did not provide any information regarding communication difficulties or the emotional impact on patients. (Adnan et al., n.d.). Another study, similar in nature, was conducted in British Colombia stated specifically, patients who reported experiencing language barriers were less satisfied with healthcare services, had poorer communication with healthcare providers, experienced less accurate medical diagnoses and treatment plans, and were less adherent to prescribed treatments and medications. In emergencies, language barriers may have dangerous consequences for the patients. There have been some technical approaches to overcome language barriers in medical care (Floyd & Sakellariou, 2017). According to the researcher studies have emphasized that the safety of patients can be affected by communication obstacles arising from variations in religious and cultural customs. (Alshammari et al., 2019). Another threat to patient safety is caused by miscommunication between nurse and patient or between health professionals. Aljadhey, H et al. (2014) have suggested that language barriers could account for an increase in medication errors. Similarly, Hammoudi, BM et al. (2017). This research has highlighted various challenges arising from language barriers to Pashto speaking patients in PIMS hospitals Islamabad Pakistan, affecting patients in several ways. These challenges include preventable medical errors, poor adherence to treatment, reduced health-seeking behavior, increased treatment costs, prolonged hospital stays, weaker therapeutic relationships, social desirability bias, decreased confidence, and dissatisfaction with healthcare. Similar studies conducted in other cities have also reported similar impacts of language barriers in healthcare settings (Adnan et al., n.d.; Agyemang-Duah et al., 2021; Mustafa et al., 2023). Despite the numerous problems identified in this study as resulting from language barriers, the issue has not received sufficient attention from policymakers and healthcare practitioners alike, regarding the need to address it at a systemic level.

### **Limitation of the study and implication for further studies**

Due to the limited sample size used in this study, it is not possible to accurately determine the precise impact of language barriers on healthcare access and quality for Pashto-speaking patients in Pakistan. Therefore, cross-sectional studies are recommended to assess the scale of the problem, and advanced epidemiological studies are needed to evaluate the causal relationship. Additionally, further research involving patients, nurses, doctors, and pharmacists is required to gain a better understanding of the issue.

### **Conclusion**

The results of the study suggest that language barriers have a significant negative impact on patient care and outcomes in Pakistan, including patient satisfaction, communication, accuracy of diagnoses and treatment plans, adherence to treatments and medications, trust in healthcare providers, cultural competency of healthcare providers, timeliness of healthcare services, engagement in shared decision-making processes, overall health outcomes and well-being, and access to and use of healthcare facilities. According to the study, a significant number of Pashto-speaking patients who visit the public hospitals located in Islamabad Pakistan are encountering language barriers when attempting to access high-quality healthcare. Although language barriers are a common problem, official strategies for addressing this issue have not been put in place. Instead, methods such as the use of interpreters and nonverbal communication are utilized. Language barriers have significant effects on healthcare quality, access, hospitalization duration, patients' expenses, and satisfaction



levels.

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