Communicating with foreign language-speaking patients: Is access to professional interpreters enough?

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Background

- The importance of trained interpreters for ensuring adequate communication with FLS patients is well-established.
- However, health professionals continue to rely on ad hoc interpreters, such as bilingual employees or patients’ relatives.
- This is worrisome because these strategies have been shown to be associated with poor quality health care.
Methods

Objective:

- Examine attitudes and practices related to healthcare interpreting.

Design:

- Mailed, self-administered questionnaire.

Setting and participants:

- Geneva University Hospitals;
- 151 medical department heads and medical and nursing service heads
- 11 departments

Outcome measures:

- assessment of quality of interpretation provided.
Results: Estimates by respondents (n=99)

- Mean estimated percent of non-Swiss patients: 27% (standard deviation 23.8).

- The mean estimated percent of foreign-language speaking patients: 15% (standard deviation 13.4).

- 31% said they were aware of the existence of written guidelines regarding the use of interpreter services.
Results: Frequency of interpreter use

- 66% of respondents reported using interpreters (either professional or ad hoc) only a few times a year
- 18% said they used interpreters about once a month
- 10% reported never using an interpreter.
Results: in a nutshell

- Respondents relied mainly on client relatives and bilingual employees for linguistic assistance.

- The frequency of use of professional interpreters varied according to language, and seems to reflect the availability of bilingual staff members for the different languages.
Results: in a nutshell

- This behaviour is further reinforced by the fact that respondents consider the quality of interpreting provided by ad hoc interpreters to be “good enough”, even while recognizing the quality differential between trained and untrained interpreters.
## Assessment of quality of different types of interpreters

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<th>Bilingual S</th>
<th>Relatives</th>
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<td>Satisfactory</td>
<td>6%</td>
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<td>Good</td>
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<td>Excellent</td>
<td>42%</td>
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Language barriers and use of different types of interpreters

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Results: Opinions regarding the impact of interpreter services

- Respondents had a positive attitude regarding the impact of these interpreters on health care quality and on immigrants’ social integration.
- 100% felt that patient-provider communication was improved when professional interpreters were used,
- 76% thought they helped reduce conflicts with patients.
- 90% thought that professional interpreters helped them to better understand their patients
- 94% felt they helped them to more effectively communicate instructions to patients.
Results: Opinions regarding the impact of interpreter services

- A majority of respondents also felt that professional interpreters helped immigrants to integrate into society:
  - by increasing patients’ autonomy (80%)
  - by ensuring that immigrants are generally well-informed (80%) and know their rights (86%).

- However,
  - 20% thought that immigrants could become too dependant on interpreters
  - 6% thought that the use of interpreters prevented patients from learning the local language.
Discussion: Organisational routines

- Professional interpreters are called in only after other strategies have failed, due to cost concerns but also because of scheduling difficulties.

- Clinicians are often more comfortable calling on a bilingual staff member than organizing an appointment with a professional interpreter.

- This is especially true in departments that do not have a strong “service culture” emphasizing the importance of professional linguistic assistance for health care quality and safety.

- A recent study by Greenhalgh points to the challenges involved in incorporating interpreter-assisted consultations into existing organisational routines.
Discussion: A promising strategy

- Telephone interpreting services
  - available 24/24, 7/7, and within minutes,
  - no administrative tasks for the user
  - have been found to be an acceptable and accurate alternative to face-to-face interpreting for short, uncomplicated communication and for unplanned consultations.

- Telephone interpreting has been so well integrated into existing organisational routines in the USA that some experts fear that it will replace face-to-face interpreting even in situations where face-to-face interpreting would be more appropriate.
Discussion: Need for higher level policies and standards, exs

In the USA,

- Federal requirements related to the provision of culturally and linguistically appropriate services
- CLAS « National Standards on Culturally and Linguistically Appropriate Services »
- Joint Commission on Accreditation of Healthcare Organizations.

- In EU, the European Commission’s “Migrant Friendly Hospitals” project
- In the NL, the MOH has forbidden the use of non-professional interpreters, and health care workers who do so can be sued.
- In CH: the Swiss Network of Health Promoting Hospitals, a newly developed set of standards were announced for the provision of linguistically and culturally appropriate care.
Conclusion

- Simply making professional interpreter services available to health care professionals is not enough.
- Future efforts should focus on:
  1. developing procedures for systematically identifying patients needing linguistic assistance,
  2. linguistic assistance strategies that are responsive to provider and institutional contexts and constraints,
  3. institutional directives to ensure use of qualified interpreters for all medically important communication with FLS.
Key message

- As populations become increasingly diverse,

- priority needs to be given to developing these three procedures.

- Only then will hospitals be able to ensure high quality, patient-centred care for all patients.
Ladies and Gentlemen: The migrant - friendly hospital!