Interpreters can help reduce inequalities in healthcare access and quality of care between native and non-native speaking patients, improving clinical outcomes

Using face-to-face interpreters in healthcare

In this article...

- How interpreters can improve access to care and outcomes
- The importance of face-to-face interpretation where possible
- A practical guide on using interpreters for health professionals

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Abstract

This article discusses the use of professional interpreters in healthcare. Interpreters can improve clinical outcomes by bridging the gap in access to quality of care between native and non-native speakers. The article also offers guidance on how to work with interpreters.

England and Wales has a multicultural and linguistically diverse population, 14% of which comprises black and other minority ethnic groups (Office for National Statistics, 2012). In London, more than 300 languages are spoken; for many people English is not the primary language spoken at home (Gill et al, 2011; 2009). With so much diversity, there is vast scope for communication barriers and misunderstandings between English-speaking health professionals and people with no or limited English proficiency (No/LEP) or those who are deaf and use British Sign Language. Gill et al (2009) reported that nearly 300,000 adults of Indian, Pakistani, Bangladeshi and Chinese ethnicities in England and Wales experience communication barriers with health professionals.

Communication barriers have deterred individuals with No/LEP from seeking and receiving primary and preventive care (Jacobs et al, 2004). This has led to many adverse health effects, such as:

- Poor knowledge and comprehension of diagnosis;
- Poor adherence to treatment (Karliner et al, 2007);
- Increased risk of medical errors and poor health outcomes, such as longer hospital stay (Diamond et al, 2008; Jacobs et al, 2004).

It is unsurprising, then, that patient satisfaction with health services is consistently low in these groups (Gill et al, 2009; Karliner et al, 2007; Jacobs et al, 2004). Easily accessible professional interpreter services have been shown to reduce such adverse effects and have led to:

- Fewer communication errors;
- Enhanced patient knowledge and understanding of their diagnosis and treatment (Karliner et al, 2007);
- Increased access to healthcare services;
- Reduced disparity of health-service use by those with No/LEP compared with native speakers (Gill et al, 2009; Diamond et al, 2008; Karliner et al, 2007). This has facilitated adherence to treatment (Diamond et al, 2008; Karliner et al, 2007) and has led to (No/LEP) patients and health professionals reporting greater satisfaction with the services provided (Diamond et al, 2008; Karliner et al, 2007).

Challenges and alternatives to working with interpreters
Working with interpreters can complicate the relationship between the patient and health professional. Rapport can be affected (Farooq and Fear, 2003), and the patient may be talked about in the third person and excluded from the conversation (Tribe and Morrissey, 2004).

Barriers, including lack of availability, time constraints and cost, may also prevent:

- Ensuring good communication between patients and staff improves health outcomes

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5 key points

1. Failure to use professional interpreters, or using ad-hoc interpreters such as relatives, can lead to poor-quality care and outcomes for people with no or limited spoken English

2. The use of professional interpreters can improve both care and treatment adherence

3. Health professionals should be trained on how to work with interpreters

4. Practitioners should establish the patient’s preferred language and ascertain whether an interpreter is required

5. Telephone interpreting services may be used but are not always appropriate
clinical outcomes and compromises of all of these has been related to negative patients (Jacobs et al., 2004). However, use information that may reduce treatment also add their own views to the patient’s and learning about sensitive, private matters about a relative or friend discussing patients may be uncomfortable or embarrassing confidentiality is compromised and barriers may cut care costs in the long term. Family and friends of patients with No LEP, or those who are deaf, are often used as “adequate translators”; the advantages are that they are free, may be readily available, easily accessible and know a lot about the patient and their presenting problem(s) (Phelan and Parkman, 1995). However, this does not come without its own risks. Patient confidentiality is compromised and patients may be uncomfortable or embarrassed about a relative or friend discussing and learning about sensitive, private matters (Gill et al., 2009). Family or friends may also add their own views to the patient’s while interpreting, or withhold bad news or information that may reduce treatment adherence (Phelan and Parkman, 1995).

Alternatives to family and friends include non-clinical employees, non-fluent health professionals and other patients (Jacobs et al., 2004). However, use of all of these has been related to negative clinical outcomes and compromises confidentiality (Jacobs et al., 2004). Care quality is higher when professional interpreters are used (Karliner, 2007).

Interpreter services may also be delivered via the telephone, which is widely used. With technological developments, use of remote video-phone applications is also being explored (Jones et al., 2003; Pointon, 1996). Telephone interpreting is available at shorter notice, cost effective, more easily accessible than face-to-face interpreters and eliminates the need for ad-hoc interpreters (Pointon, 1996). However, it may not always be suitable, for example with patients who are deaf. For this group, eye contact, clear expression and non-verbal gestures are essential and can only be facilitated by a physically present, face-to-face interpreter (Lieu et al., 2007).

Alternatives to face-to-face interpreting should enhance, not replace, existing provision, offering choice and accessibility (Pointon, 1996). It is important to consider whether face-to-face interpretation is vital or an alternative service could be used.

Conclusion Using interpreters in healthcare is crucial to ensure people with little or no spoken English can access services, receive an appropriate standard of care, and health and satisfaction outcomes can be improved. Box 1 is a guide to working with professional, face-to-face interpreters. NT

References


