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Just “Getting By” – Understanding Resource Deficits and Barriers to Medical Interpretation from the Perspectives of Spanish-Speaking Patients and Emergency Department Nurses

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Honors Thesis

JUST "GETTING BY" — UNDERSTANDING RESOURCE DEFICITS AND BARRIERS TO MEDICAL INTERPRETATION FROM THE PERSPECTIVES OF SPANISH-SPEAKING PATIENTS AND EMERGENCY DEPARTMENT NURSES

by
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ABSTRACT

JUST "GETTING BY" — UNDERSTANDING RESOURCE DEFICITS AND BARRIERS TO MEDICAL INTERPRETATION FROM THE PERSPECTIVES OF SPANISH-SPEAKING PATIENTS AND EMERGENCY DEPARTMENT NURSES

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Introduction: Professional medical interpretation has been found to improve communication quality and health outcomes for patients with LEP. There are over 16 million LEP Spanish-speakers in the United States, yet the literature indicates that professional interpretation is lacking and underutilized in many clinical settings. **Study Aims:** Based on gaps in the literature pertaining to the perspectives of nurses and the cultural factors that influence patient experience, this study aims to qualitatively analyze the matter from the perspectives of both nurses and Spanish-speaking patients. The purpose of this study is to identify barriers to the utilization of professional interpreters, especially by finding the intersections between patient and provider experience. **Methods:** Semi-structured interviews were conducted with n=16 individuals, 8 nurses at an Emergency Department and 8 Spanish-speakers recruited from a local community center. Interview transcripts were coded and analyzed using Grounded Theory to identify major barriers and their influence on the behaviors of both patients and clinicians. **Results:** The central barriers identified by this study relate to the perceived accuracy of interpretation, the processes and resources available to clinicians, and the family dynamics of Spanish-speaking patients. **Conclusions:** This study indicates that the underutilization of professional interpretation could be related to a lack of resources for both patients and clinicians. Future research should consider the identified barriers which need to be addressed to promote effective communication in clinical settings across the Spanish-English language barrier.

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Introduction

Of the 37.5 million persons who speak Spanish as their primary language in the United States, at least 16.3 million speak English "less than very well" (US Census Bureau, 2021). These Limited English Proficient (LEP) individuals have historically received poorer clinical care and poorer communication quality from healthcare providers due to the challenges of communicating across a language barrier (Wilson et al., 2005). Despite the expansion of professional medical interpretation services throughout the nation, many barriers still exist to their implementation, and studies indicate that services are underutilized in many places where they are available (Diamond et al., 2009).

Compared to the general population, LEP Spanish speakers in the United States have poor access to and are low utilizers of healthcare, especially preventive medical services (DuBard & Gizlice, 2008). The literature indicates that providing interpretation services increases healthcare utilization by LEP individuals, including likelihood of visiting a clinic, being prescribed medications, and receiving preventative care. By expanding healthcare access for LEP individuals, medical interpretation services can help to prevent future illness and chronic medical conditions for these individuals (Jacobs et al., 2004). Providing and utilizing interpretation services in clinical settings is a key factor in addressing disparities and improving health outcomes for this vulnerable population.

Literature Review

A systematic review conducted in 2007 concludes that professional interpretation significantly enhances the quality of medical care: improving patient satisfaction, patient comprehension of diagnoses, and patient adherence to prescribed treatment plans (Karliner et al., 2007). When it is available and utilized, medical interpretation positively influences patient care; however, certain barriers can push medical professionals to use ad hoc interpretation or to communicate without an interpreter, a practice known as "getting by" or doing the best they can with what they have (Diamond et al., 2009).

Ad hoc interpretation is defined as relying on an untrained individual to interpret, such as a family member, an accompanying friend, or an untrained staff member. To determine the accuracy of differing types of interpretation, one study utilized audio recordings of interactions between Spanish speaking LEP individuals and their healthcare providers, analyzing both professional and ad hoc interpretation (Nápoles et al., 2015). Ad hoc interpreters were twice as likely to make errors in interpretation, and the study found that interactions with ad hoc interpretation contained on average 1-2 errors that were "moderately or highly clinically significant" (Nápoles et al., 2015).

As shown throughout the literature, professional interpretation services demonstrate better accuracy and improved patient outcomes than ad hoc interpretation. Ad hoc interpretation is nonetheless common in clinics and hospitals, despite concerns related to breached confidentiality, communication errors, and the ethical considerations of asking family members or strangers to interpret in sensitive situations (Floríndez et al., 2020). Schenker et al. in 2011 showed that for hospitalized LEP patients, interpreters were used 17% of the time in interactions with physicians and only 4% of the time in interactions with nurses. These data demonstrate the

gaps between evidence-based practice and actual practices in hospitals; even when interpretation services are available to medical staff, they are not consistently provided to patients. Schenker et al. found that while 93% of participating patients indicated a preference for using interpreters in interactions with physicians, only 43% were asked if they wanted or needed interpretation services during their hospitalization (Schenker et al., 2011).

Considering the practices and perspectives of medical professionals is vital to a comprehensive understanding of this topic. A qualitative study conducted in Sweden in 2018 identified scheduling and timing as some of the largest barriers for medical professionals in emergency settings (Lundin et al., 2018). A study conducted by Diamond et al. in 2009 found that medical residents often weigh the benefits of calling an interpreter against the constraints of their busy schedule, and they regularly use family members, untrained staff, or their own limited Spanish to have conversations with patients. Many residents in this study acknowledged that they were giving their LEP patients a lower standard of care, however the practice of going without an interpreter for the sake of provider convenience had become normalized in most cases. Additionally, many residents were not aware of the negative outcomes associated with ad hoc interpretation (Diamond et al., 2009).

There are several gaps in the data that warrant further research. While the literature indicates that providers prefer in-person interpretation to other resources, there is no research that analyzes whether the types of interpretation available influence provider use or non-use of professional interpretation. Additionally, no studies effectively analyze or evaluate patterns of interpreter utilization for nurses, although nurses communicate with patients more often than physicians do. Additionally, further investigation into the kinds of clinical environments that enhance self-efficacy of patients in their ability to request interpretation services and to clarify

with providers when misunderstandings have occurred would be an important addition to the existing research.

This study aims to fill these gaps by seeking to understand the challenges of medical interpretation from the viewpoints of both nurses and Spanish-speaking patients: exploring the factors that discourage and prevent the usage of professional interpretation, as well as those that decrease the effectiveness of these services. The purpose of this study is to analyze medical interpretation from both sides, to provide a more comprehensive and multi-dimensional understanding of the barriers to and challenges of utilizing professional interpretation services for Spanish-speaking patients.

Methods

Primary data were collected via qualitative, semi-structured interviews. Our research team interviewed individuals from two demographics: LEP Spanish-speakers and nurses working in Emergency Medicine. In total, n=16 interviews were conducted and analyzed, 8 from medical professionals and 8 from Spanish speakers. Spanish-speakers were recruited from classes at a local community center that are taught in Spanish. These interviews were conducted in Spanish by a research assistant who is a native Spanish speaker. We intentionally recruited nurses for this study because their valuable perspective is largely absent from the literature. These medical professionals were recruited through a local Emergency Department (ED); those interviewed were part of the ED nursing staff, with n=7 Registered Nurses (RNs) and n=1 Certified Nursing Assistant (CNA). The interview questions were developed by the primary researchers and are included in the Appendix.

The average length (in minutes and seconds) of each interview was 21:07 for nursing staff and 8:19 for Spanish-speakers. Each of the 16 interviews were audio-recorded,

professionally transcribed, qualitatively coded for themes, and then analyzed using a Grounded Theory framework. The framework was developed under the direction of Dr. Robbie Chaney, and a visual representation of this framework is included in the results section (see Figure 1). While the interviews covered a variety of topics related to Spanish medical interpretation, for the purposes of this study, the interviews were specifically analyzed to identify the barriers to medical interpretation in a clinical setting.

Results

The interviews provided many insights into the barriers to utilizing professional interpretation services in clinical settings. These were organized into a framework shown in Figure 1. The left side of the graph is more aligned to the perspectives of Spanish speakers, especially how they experience the US healthcare system, as influenced by cultural and familial values. The right side of the graph accounts for factors that affect nurses' capacity to provide interpretation services to patients within their existing workflow and patient care responsibilities. The center of the graph pertains to both of these groups. The unidirectional arrows indicate that one concept leads to another, such as provider procedures leading to the action of "getting by" without a professional interpreter. The bidirectional arrows indicate that two concepts influence one another.

The key barriers identified include perceived accuracy of interpretation, procedural factors for providers, and the family dynamics of Spanish-speaking patients. Each of the barriers relate to and can lead to the common practice of "getting by"— communicating without a certified interpreter. As the arrows in the figure suggest, these factors also influence one another in meaningful ways. One example of this is the double headed arrow between perceived

accuracy and getting by. If patients or nurses believe that the accuracy of translation by professional interpreters is low, they may be likely to try and "get by" without it – thinking that ad hoc interpretation will be simpler and more effective. Alternatively, when clinicians choose to "get by" without an interpreter initially, this may reduce the perceived accuracy of communication for patients and may impair trust in a patient-provider relationship. Most of the arrows in the diagram indicate the pathways that cause the practice of "getting by" without interpretation; for example, a lack of facility resources influences the procedures used by medical providers, thus increasing the rates of communication without a professional interpreter. Each major facet of the framework shown in Figure 1 is addressed below.

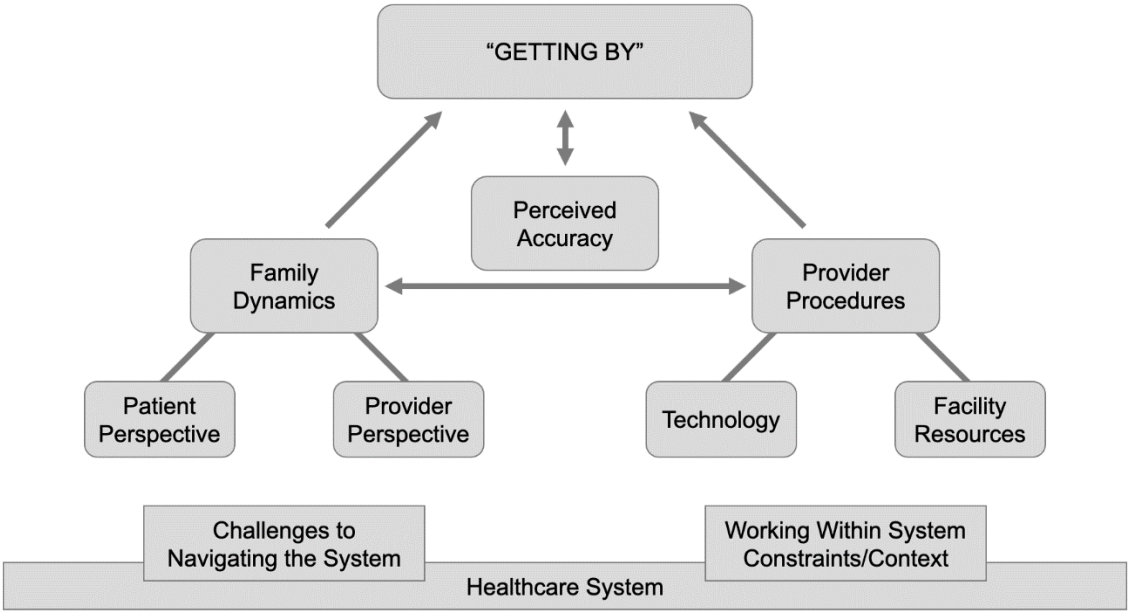

Figure 1 *- Framework of Identified Barriers to Utilizing Professional Interpretation Services*

Perceived Accuracy of Interpretation

One key factor to the efficacy of patient-provider communication is the perceived accuracy of the translation between medical providers and their Spanish-speaking patients. One

Spanish-speaking participant expressed her frustration at having a professional medical interpreter who did not use accurate terms for specific medical conditions. She said,

> I'd see that the doctor would speak, and (the interpreter) wasn't translating everything. [...] If you work as an interpreter, it's because you'll know how to translate from one language to the other…

This woman shared that negative experiences like this one have discouraged her from attending medical appointments without her husband; his English-speaking skills are superior, and she wants to ensure that important information is communicated and understood accurately. It seems evident that precise interpretation is crucial for medical professionals who aim to establish a relationship of trust with their Spanish-speaking patients.

One nurse who was interviewed mentioned her concern that professional interpreters sometimes become too emotionally involved in the situation, for example, "sometimes the doctor will be direct, but then the [interpreter] will be like 'Ooh, how do I say this nicely?'" While this study is not conclusive on the topic, it is possible that medical professionals may be more likely to find alternate means of communication, such as using family members or their own limited Spanish if they are not confident that an interpreter is conveying information accurately.

Nurses also mentioned that the physicians they work with sometimes fail to simplify the medical jargon they are so accustomed to using, so although terms are often translated exactly from English to Spanish, they can be misunderstood by patients. This can equate to poorer outcomes for patients who are not able to successfully follow their prescribed treatment plan due to the failure of medical professionals and their interpreters to identify and fill the gaps in their understanding. Based on the interviews, accurate and accessible interpretation is important to both Spanish-speaking patients and nurses in their communication with one another.

Provider Procedures

Facility Resources

All nursing staff interviewed mentioned the time-related challenges of language services as one of their greatest barriers to communication. The professional interpreters staffed by the hospital are expected to cover multiple departments at once, often on different sides of the facility. Waiting for an in-person interpreter to arrive (*which can take up to 30 minutes*) before having important clinical conversations often disrupts the workflow of nurses and other medical professionals, in addition to delaying patient care. One nurse shared that the timing challenges were often the cause of "getting by" without interpretation:

> I feel like that's most often the reason; because we're impatient, because we've been waiting for the in-person interpreter. We can't find the iPad and the doctor's ready to go.

Several nurses shared stories about specific situations in which the wait time for an interpreter to arrive had caused delays in emergent, time-sensitive situations, including a stroke diagnosis and a critical patient with bilateral pneumonia. While iPad interpretation is also available at the study site, staff mentioned that having only 2 iPads available for such a large department further delays care and discourages use of these services for seemingly quick or less significant conversations. (For reference, the department where recruitment took place has 42 patient rooms, 4 trauma bays, and often many patients in the waiting room.) Participants mentioned that working around the timing challenges of professional interpretation services was a challenge, especially considering the competing priorities nurses in the emergency department face as they care for the medical needs of four patients at a time.

Technology

While the opportunity to use remote interpretation greatly increases the accessibility of language services for patients, there were several drawbacks identified by nurses. Several mentioned situations in which either patients or the remote interpreter were unable to hear or be heard, due to the limited capacities of the iPad's speaker or microphone. One mentioned an experience that had just happened earlier in the day:

> I had the experience where the patient just went off and was just saying their whole life story, and the interpreter […] tried to interrupt her to say "wait - I need to interpret what you've said." But [the patient] couldn't hear him because he was on the iPad and the connection wasn't [functioning correctly] and it was just a mess.

Nurses also mentioned the inability to recognize and respond to body language and situational cues as a drawback to remote interpretation. Critical situations in a hospital typically involve multiple people speaking at the same time, which can be challenging to follow if an interpreter is not physically present and able to see the whole picture. One nurse mentioned an experience in which the use of iPad seemed like a breach of privacy for a patient undergoing a sensitive exam. She said, "if I was in that vulnerable position and then [there was] some iPad with a random stranger staring at me, it would make me really uncomfortable."

Another barrier to remote interpretation mentioned by nearly all nursing staff is the repetitive login process that must be undertaken before interpretation can begin. The series of questions asked and the subsequent introduction process is mandated by their company protocols, yet the fact that it must be repeated every time an interpreter is used for a patient quickly becomes tedious for medical staff. For short conversations that take only a minute or two with an English-speaking patient, the use of iPad interpretation can double or triple the length of

time a nurse dedicates to his or her intended task. This protocol discourages the use of iPads for quick interactions, and many resort to using ad hoc interpretation or even omitting the intended communication. While iPads were found to be helpful for nurses in situations when no in-person interpreter was available, the consensus was that in-person interpreters were generally preferred by nurses.

Navigating Family Dynamics

Patient Perspective

Family dynamics are an important factor to consider when it comes to analyzing the cultural differences that can affect medical interpretation. Although the literature discourages use of family members as ad hoc interpreters, the Spanish-speakers interviewed almost universally expressed positive sentiment towards situations in which a family member had interpreted for them in a medical setting. One mentioned “I would rather go with a family member than with a stranger. I have more trust in my friends and family." Nurses mentioned that they saw the value in using professional interpretation with their Spanish-speaking patients, however some mentioned that they had on occasion offended family members by bringing an interpreter when a family member felt capable of interpreting for the patient. The interview data indicates that Spanish-speakers often try to bring someone who can interpret for them, which is understandable if they do not feel confident that professional interpretation will always be available to them.

One Spanish-speaker shared that she once brought her brother-in-law to translate for her when her daughter had broken an arm. She mentioned that her brother-in-law began to take over some of the decision making without telling her, and she was powerless to change the situation

because she did not speak English. She mentioned that later in the visit her daughter acted as translator for her, and from that point the experience was much better.

Provider Perspective

Navigating the cultural differences in medicine is important for medical professionals, because one of their top priorities is to gain a complete understanding of the patient's symptoms, medical history, and current concerns. Using a family member can mean that some things are not communicated accurately, or that you receive the family member's perspective more heavily than that of the patient. One nurse described his goals in patient care, and the challenges posed while trying to simultaneously respect familial closeness and ensuring that patients can advocate for themselves:

> Sometimes families are adamant about using their own interpretation — like they understand English enough to interpret for their loved ones. Unfortunately, I feel like a lot of family members don't interpret everything correctly or they don't understand (the medical concepts) themselves. I think we're supposed to treat the patient holistically which includes (talking with) family members. […] But I want to involve [the patient] in the conversation, so that they can understand everything and give their input too, because we value both opinions.

The nurses interviewed expressed a strong responsibility to help their patients feel comfortable throughout their care, which at times conflicted with their responsibility to ensure accurate communication throughout the care process. It is also important to note that medical professionals appreciate the convenience of utilizing family members, especially for short interactions. Communicating through family members has its advantages for both nurses and

patients, yet in can lead to clinically significant mistakes and a diminished quality of care. Learning to sensitively navigate the familial dynamics of patients and their families can help to address this barrier to utilizing medical interpretation.

Medical Interpretation in the Context of the US Healthcare System

The cultural and procedural challenges of Spanish medical interpretation are best understood within the context of the system in which they function. One barrier to the proper utilization of medical interpretation for patients is the overwhelming nature of trying to navigate the US healthcare system in a language one does not speak. One patient participant recounted,

> I felt lost because I didn't know what to do and there was no one around who spoke Spanish at that time. I couldn't express what I felt, ask what I wanted to know, what procedures I had to get, what I had to do, and how much it was going to cost me.

While professional interpretation services are legally required to be provided without charge to patients who do not speak English, this understanding is perhaps not adequately conveyed to patients when they are treated at a hospital or clinic. The same participant quoted above mentioned that she used a professional interpreter in the past and received a bill for using that service, so she is hesitant to ask for one whenever she goes to the hospital now. This experience could be due to a misunderstanding of the billing process used by the hospital, or evidence that some medical centers could be illegally charging their patients for the utilization of medical interpretation services. When Spanish speaking patients lack a sufficient understanding of the medical system, they are far more likely to be taken advantage of and receive a lower standard of care. Aid in navigating the system could help to educate patients about their legal right to a professional interpreter without any additional cost.

Medical professionals also operate within the constraints of the healthcare system. Although those interviewed all expressed a desire to utilize the available channels, the long list of demands for their time in addition to limited resources often require nurses to communicate with whatever resources are immediately accessible. Often, a 30-minute wait for an interpreter does not allow nurses to provide high-quality care to their Spanish-speaking patients, and it strains their ability to care for their other patients as well. When nurses are consistently faced with barriers related to utilizing professional services, a culture of "getting by" without professional interpretation may become prevalent in any hospital, department, or clinic. Several nurses additionally mentioned that the relationships they build with patients and the ability to provide quality care contribute significantly to their job satisfaction; therefore, successful Spanish interpretation can have implications on the experiences and well-being of medical professionals as well as patients.

Discussion

Approaching the topic of medical interpretation from the perspectives of both Spanish speakers and medical professionals brings out some important insights. First, it is evident that the practice of "getting by" without professional interpretation is a symptom of a medical system that is failing to provide resources for both parties involved. Spanish-speaking patients who are navigating a complex healthcare system in a language other than their own are minimally equipped to ask for the level of care and communication that they need, especially if they do not understand their right to be provided professional interpretation services. Medical staff, and perhaps especially nurses, can only provide their patients with the resources that they have ready

access to, and they cannot be expected to utilize these perfectly when the related processes directly interfere with their ability to fulfill other key responsibilities.

Second, the research encourages us to consider the influence that cultural values, including the importance of family for Spanish-speaking patients and the pervading workplace culture of a healthcare department or system, have on the efficacy of medical interpretation. Perhaps innovative solutions need to be sought out to encourage Spanish speakers to utilize interpretation services, even when a family member is available to translate, while still honoring the wishes of patients who want family to be involved in each conversation. The culture of organizations influences both the resources provided to clinicians and the likelihood of clinicians utilizing the resources available. If an organization places enough value on equitable communication in medicine, perhaps the resources can be provided to shift the culture from one of "getting by" to one where interpretation is always used, because it is always available.

This study has several limitations, most notably the small sample size. Because only 16 interviews were included in this study, there is undoubtedly more evidence to be found on the topic. Additionally, our data collection was specific to the experiences of nurses working in emergency medicine, which is not wholly representative of the experiences of nurses in other medical settings. Due to limited resources and permissions, we could not recruit Spanish-speaking patients who were seen at the emergency department; instead, we recruited Spanish-speaking individuals willing to share their general experiences with medical interpretation in clinical settings. All participants were recruited through convenience sampling, which is another limitation to this study. Because of these limitations, this study cannot effectively account for the perspectives of patients and nurses in other settings, yet the conclusions derived from primary

data collection can be a useful resource in informing future research and potential interventions related to this topic.

There are many potential avenues for future research. Experimental or quasi-experimental studies which examine how increased availability of in-person or video interpreters influence usage patterns of medical professionals would help to confirm and quantify the indications found in this qualitative study. Studies evaluating the effectiveness of resources for Spanish-speakers navigating the US healthcare system could identify other reasons that these patients struggle to access medical interpretation services. Additionally, research into the barriers to hiring and employing professional interpreters should be conducted, because it is likely that the shortage of availability is caused by a shortage of supply. Furthermore, if factors such as being spread too thin or other barriers discourage interpreters from continuing in this profession, this research could be a meaningful addition to improving their experience and filling the gap for providers and patients.

Conclusion

This research study indicates that the underutilization of medical interpretation is attributable to a lack of resources for both healthcare providers and Spanish-speaking patients. This lack of resources needs to be understood within the context of a healthcare system which at present insufficiently accommodates the needs of LEP patients, due to complexity and cultural gaps in understanding. Clinicians working with limited resources are restricted in their ability to provide the level of care they would like to, and can be left with feelings of frustration due to the constraints of the system in which they operate. The various barriers which require patients and clinicians to "just get by" are addressable, and doing so has the potential to improve health

outcomes for patients, reduce the load of their clinical providers, and ultimately create a more equitable healthcare system for those who do not speak English. We hope that this research will be utilized to inform changes that will better support both patients and clinicians in their efforts to communicate with clarity and foster understanding in their interactions with one another.

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Appendix

Questions for Semi-Structured Interviews

Questions For Medical Professionals

Our conversation today is about communication between Spanish speaking patients and English-speaking medical professionals in clinical settings.

1. How often do you work with Spanish speaking patients?
    1. Has it always been this way?
2. Could you tell me what that is like from a nurse's/tech's perspective?
3. Do many of your patients use interpreters?
    a. What kinds of interpreters are available to patients?
    b. What has your experience been with each of these for Spanish-speaking patients?
    c. Which do you prefer?
    d. In your opinion, which results in the best patient care?
4. How often do you see Ad Hoc interpreters used? (i.e., untrained translators like family members).
    a. What are your thoughts or experiences there?
5. Are there situations when you communicate with Spanish-speaking patients without using a professional interpreter?
6. What barriers to communication do you face as a (nurse/tech) when working with patients whose native language is different from your own?

We're going to pause and shift gears here and talk about some experiences…

7. Can you share an experience of a time when using a Spanish interpreter made a positive difference?
8. When was a time when communication was a challenge for you when working with a Spanish speaking patient?
9. How do you think the use or lack of interpretation services affects the patient's compliance and outcomes after leaving the hospital?

Leave space for any final insights or perspectives on improving health communication in clinical settings.

Questions for Spanish-speaking Participants

Our conversation today is about Spanish: English conversations in medicine and how translation can help or hinder patient experiences.

Ice breaker:

1. *How long have you been in Provo?*
    - *If they weren't born here, when did they come and why?*
2. *Tell me what you think of your Spanish and English-speaking skills?*

Hospital Visits

1. When you need to see a doctor, where do you go most of the time?
    a. Why do you choose to go there?
2. Tell me what it is like communicating with your doctors and nurses?
    a. Follow up: Do you feel understood when communicating with medical providers?
    b. Follow up: Do you ever have unanswered questions when you leave their office?
3. Can you tell me about a time when communicating with a doctor/nurse was hard?
4. Can you tell me about a time when communicating with a doctor/nurse was easy?
5. What would make communicating with a doctor or nurse easier or better for you?

Interpretation

6. Have you used a hospital-provided interpreter before in a hospital or clinic?
    a. In person? Virtual?
7. What was your experience like?
    a. What did you like about having a Spanish interpreter?
    b. What was difficult about using interpretation services?
8. Have you had a family member translate for you before?
    a. What was that experience like?
9. Have you ever been without someone to help interpret for you?
    a. What was that experience like?

Leave a space for them to share any final thoughts they have on their experiences in healthcare communication.