

# migrant-friendly hospitals

## Sub-Project A:

### Improving interpreting (services) for clinical communication

#### The problem

Hospitals are consulted by an increasingly diverse clientele. As a consequence, there might be language discordance between patients and hospital staff, i.e. patients presenting to the hospital may not be able to speak and/or understand the local language, and staff may not be able to communicate in the patients' mother tongue. This frequently leads to communication problems and misunderstandings.

This is particularly true for communication occurring as part of diagnosis and treatment. Here, it is of utmost importance that relevant clinical information is elicited from and conveyed to the patient in a correct and appropriate manner. Effective communication of medically relevant information is a prerequisite for both clinical decision-making and client-provider trust, and hence for the patients' successful treatment and co-operation in reproducing his/her own health.

Language barriers have been found to be a major obstacle in providing effective health services for migrants and ethnic minorities: they have adverse effects on accessibility, quality of care, patient satisfaction, and patient health outcomes (Bischoff 2003). For example, language-related communication difficulties are associated with a higher rate of resource utilisation for diagnostic testing (Waxman & Lewitt 2000), play an important role in assessing pain and prescribing adequate medication (Brown et al. 1999; Cleeland et al. 1997), negatively affect medical follow-up (Sarver & Baker 2000), and were found to be a barrier in the use of preventive services (Woloshin et al. 1997).

#### Options for solutions

Strategies to facilitate language concordance between patients and providers have proven effective in improving service quality and outcomes for migrant and ethnic minority patients who face language barriers in utilising health services (e.g. Bensing 1991; Tocher & Larson, 1998). Studies evaluating approaches to manage language barriers in health care recommend professional medical interpreting as the most effective means of overcoming language-related communication difficulties in health care (e.g. Jacobs et al., 2001). Language concordance, however, can be obtained through a variety of measures.

#### The sub-project

Sub-project A will entail measures to improve clinical communication by establishing and/or optimising existing language and interpreting services. In the sub-project, different approaches to overcoming language barriers will be addressed, giving a range of options for different starting points and resource situations.

#### Measures

A range of measures for addressing language barriers will be proposed. Depending on the current status of your language services, you can implement the relevant and feasible measures, choosing one or any combination of the following approaches:

#### Professional interpreters

<i>When?</i>	<i>What?</i>
<ul style="list-style-type: none"><li>Interpreter services already available</li></ul>	<ul style="list-style-type: none"><li>improving existing services through optimising routines and training (both for interpreters and for staff working with interpreters)</li></ul>
<ul style="list-style-type: none"><li>No interpreting services at present</li></ul>	<ul style="list-style-type: none"><li>Options for setting-up professional interpreting services</li></ul>

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## In-house employee language banks

<i>When?</i>	<i>What?</i>
<ul style="list-style-type: none"> <li>No interpreting services through a language bank available at present</li> </ul>	<ul style="list-style-type: none"> <li>options for starting-off using language and cultural resources present among hospital staff</li> <li>how to set-up and manage language banks</li> </ul>
<ul style="list-style-type: none"> <li>Work with staff lists in progress, but scope for optimising the system</li> </ul>	<ul style="list-style-type: none"> <li>strategies to manage availabilities and avoid clashes with other duties</li> <li>assessing language and interpretation skills of employees</li> <li>training for medical/nursing/social services staff to work as interpreters</li> </ul>

## Co-operating with bilingual/bi-cultural community partners

<i>When?</i>	<i>What?</i>
<ul style="list-style-type: none"> <li>Few in-house resources (financially and in terms of language skills of staff)</li> <li>Existing co-operation with (migrant) community partners</li> </ul>	<ul style="list-style-type: none"> <li>Scheme for co-ordinating external interpreting support</li> <li>Recruitment of suitable candidates</li> <li>Training culturally and linguistically literate lay persons for interpreting in health care settings</li> </ul>

## Hiring policies: Recruiting bilingual/bi-cultural staff

<i>When?</i>	<i>What?</i>
<ul style="list-style-type: none"> <li>Long-term strategy if hospital receives a large proportion of patients from diverse backgrounds and if there are relevant migrant communities in hospital's catchment area</li> </ul>	<ul style="list-style-type: none"> <li>promoting health professions as a career option at local schools</li> <li>encouraging access of diverse groups to education and training in health professions</li> <li>strategies for assessing provider's linguistic skills, cultural awareness, and/or level of medical training if education was obtained in a different country + health care system</li> <li>training personnel staff in intercultural communication and interviewing skills as well as skills assessment across cultural boundaries</li> </ul>

## Written translation materials

<i>When?</i>	<i>What?</i>
<p>Language support concerning</p> <ul style="list-style-type: none"> <li>Information about services at the hospital, e.g. procedures for diagnostic testing, surgery, etc.</li> <li>Tests and questionnaires for anamnesis</li> <li>The simple needs a hospital patient may have (e.g. need for a drink of water, info on the menu, etc.)</li> <li>Emergency situations when qualified interpreters are not readily available</li> </ul>	<ul style="list-style-type: none"> <li>Translated forms and documents</li> <li>Point-to-talk booklets, placing migrant languages next to the local language to ensure understanding by both staff + patients</li> <li>Pictographs</li> <li>Translated health education materials</li> </ul> <p>(*each taking account of patient's reading levels and cultural concepts)</p>



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## **Comprehensive strategies – links with the overall project**

The sustainability of benefits obtained by improving interpreting in clinical communication can best be ensured if migrant-friendliness is institutionalised in the organisation, i.e. when individual measures are embedded in and supported by hospital policies, routines, and the quality system. In order to improve service quality for migrants and ethnic minorities on a long-term basis, sub-projects should therefore form part of a comprehensive strategy, comprising a diversity of measures towards facilitating culturally competent care for diverse populations.



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## Appendix

### Effective models discussed in the review

#### Establishing or co-operating with professional interpreting services

- with certified interpreters, having passed oral+ written exams in the languages and the subject areas in question

Sources: Jacobs et al., 2001 (74<sup>1</sup>); Tocher & Larson, 1998 (75)

- legal right to have an interpreter for health services (New Zealand) to ensure informed consent; to be provided by the treating agency

Source: Kizito, 2001 (77)

- Australian translation services: six regional Health Care Interpreter Service Centres in the State of New South Wales; provided free of charge in more than 50 languages to people using public health services around Sydney; 24 hour/7days a week availability in the metropolitan areas; also available for telemedicine consultations

Source: [www.mhcs.health.nsw.gov.au](http://www.mhcs.health.nsw.gov.au)

- More examples for effective interpreting services

Source: Gagnon 2002 (76)

#### Telephone or “remote-simultaneous” interpretation

- Use of headsets; link of clinician + patients with the interpreter through standard communication wires: Interpreters were specially trained in simultaneous translation techniques

Source: Hornberger et al. 1996 (81)

#### Specific training for health professionals on how to work with interpreters + mediators

- s. review p. 32-33

Source: Bischoff & Perneger et al., 2003 (79)

#### Training interpreters for their role in the health care setting

- Preparation for different roles: linguistic clarification, cultural brokering + limited advocacy, depending on contextual variables of a situation such as provider's skill in working with an interpreter + his/her overall cultural competence, the degree of cultural distance between patient + provider, the patients' experience with Western medicine

- Taking account of (1) the programmatic + institutional context in which interpreting takes place; (2) the cultural and political context of the patients' community

Source: Verrept & Louckx 1998 (144)

## Other Models

### Homepage of the Medical Interpreter Services of Massachusetts General Hospital

Example of good practice on how interpreting at hospital level can be organised on a web-basis. Resources that can be requested on the site include language support by hospital staff, language support by external interpreters, and interpreters for patients with a hearing impairment. Procedures on how to request these services are explained in a clear and step-by-step fashion. Tips are given for healthcare professionals on how to work with interpreters, and for interpreters on how to work in the health care setting.

<sup>1</sup> Numbers in brackets give reference number used in the MFH Review of Effective Interventions prepared by the Swiss Foundation for Migration, 1st draft available at [www.mfh-eu.net/eu](http://www.mfh-eu.net/eu) as of 15.05.2003

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In addition, the site features useful resources for health professionals in intercultural encounters, including fact sheets on countries and regions of origin (info on language, geography, cultural values, main religions and death concepts + rituals, health care values, and diet – partly still in preparation), and point-to-talk booklets with essential questions for client-provider communication in 19 languages.

<http://www.massgeneral.org/interpreters/sitemap.asp>

## DiversityX

Diversity Rx is a clearinghouse of information on how to meet the language and cultural needs of minorities, immigrants, refugees and other diverse populations seeking health care. In addition to useful information on a wealth of topics related to addressing ethnic diversity in health care, its website offers an overview of models and strategies for overcoming linguistic and cultural barriers in health care. DiversityX introduces a range of options for addressing language needs in health care, describing how to implement them effectively, and pointing out their respective advantages and disadvantages. The information on the website is based on an article by Sherry Riddick, to appear in the *Journal of Health Care for the Poor and Underserved* (Source: Riddick, S. (in press) Improving access for limited English speaking consumers: A review of strategies in health care settings. *Journal of Health Care for the Poor and Underserved*; has not appeared until June 2003 – research BS)

<http://www.diversityrx.org/HTML/MOVERA.htm>

## References for further information

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