

## **SP A – Evaluation Report**

**Author:** Sonja Novak-Zezula

**Support:** Cornelia Jakesch, Livia Mutsch, Thomas Stidl

**March 2005**

### **Content**

Technical Evaluation Report.....	2
Introduction .....	2
Measures .....	2
Evaluation design.....	3
Conduct of Surveys .....	5
Evaluation Results .....	8
Staff Survey 1 .....	8
Staff Survey 2 .....	13
General Findings: staff survey 1 - staff survey 2.....	17
Patient Survey .....	17

## Technical Evaluation Report

### *Introduction*

Subproject A in the MFH initiative aims at improving clinical communication with migrant and ethnic minority patients through developing new or optimising existing interpreting services at hospitals. Language barriers have been shown to limit access to health care and to negatively affect quality of care as well as service outcomes. In addition, they create hidden costs for health care institutions by holding up the treatment process, requiring additional diagnostic resources, and creating burdens for hospital staff.

Desired outcomes of the activities are

- 1) Increase in the number of interpreter-supported clinical encounters with foreign-language patients
- 2) Decrease in consultations with proxy interpreters (family members, non-qualified staff)
- 3) Interpreting services are more widely and more timely available as a result of the project: views of hospital staff
- 4) Improved perceived quality of the communication: views of staff and patients
- 5) Increased health literacy of foreign language patients, i.e. better patient information and understanding
- 6) An improvement in patient compliance with follow up treatment due to the use of qualified medical interpreters that enhanced the exchange of medical information.

### *Measures*

The measures were implemented based on the individual resources and needs of the project hospitals participating in SPA. In some cases, no interpretive services existed so the measure was to develop an entire plan for implementing the services, while the more common measures focused on improving existing services to increase their efficiency and effectiveness.

# migrant-friendly hospitals

**Table 1: Implemented measures in the participating hospitals**

DK Denmark	- Improving clinical communication between staff & migrants
ES Spain	- implementing clinical interpretive service
FL Finland	- Staff training - Improving interpreter services in clinical encounters-communication guide - Written material and photos - Updating in house language bank - Birth terminology book for migrant mothers
IE Ireland	- improving interpreting in clinical communication
IT Italy	- training for health care interpreters - implementation and evaluation of new interpretive service + network with external agencies - guidelines for intercultural communication for interpreters and health care staff
NL The Netherlands	- improving clinical interpretation
SV Sweden	- improving interpreting services
UK United Kingdom	- Pre booking of interpreting services utilising the NHS booking system

The measures were documented in two steps: a description and plan of implementation (January, 2004), and a measure evaluation (May-June, 2004). (see attachment) All measure documentations were collected in an Catalogue of measures. (see attachment)

## ***Evaluation design***

Evaluation used three strategies:

1. Pre- and post measure implementation staff survey
2. Patient survey
3. Measure evaluation by project manager

The staff survey was conducted twice: the first survey was conducted by 7 hospitals in February 2004 before the measures were implemented, the second survey was conducted after measure implementation in June by 2 hospitals, due to organisational reasons 4 other hospitals decided to conduct the second staff

# migrant-friendly hospitals

survey in September 2004. One hospital did not conduct the second staff survey as the measure implementation could not be proceeded within the project time frame.

Staff members were asked about their experiences with encounters with patients with limited command of the local language and how they rate the quality of available interpreting service. They were also asked to give information how the interpreting support should be improved from their point of view.

In the second survey one more question was added to ask for the improvement of the individual work situation through measures implemented in the context of the project.

Furthermore a patient survey was conducted in the period May until June 2004 after implementation of the measures. After a clinical encounter where an interpreter was attendant the patient was asked to answer some questions about the attendance of the interpreter, their ratings about the interpreters work and the encounter with the doctor and to give some ideas how the interpreting support should be improved.

In a third step the project managers were asked to fill in a short measure evaluation questionnaire and to rate the extend to what the measure could be implemented and the difficultness of the implementation listing enabling factors and obstacles to the process, and give information how the measure will be continued.

Evaluation used the following instruments:

1. Patient interview guide: "Patient interview to assess interpreter access and service quality in clinical encounters (ISQ-PAT)"
2. Focus group guideline: "Patient interview to assess interpreter access and service quality in clinical encounters (ISQ-PAT)"
3. "Contact Card for patients with limited proficiency in the local language"
4. Staff questionnaire for the assessment of interpreting access and service quality in clinical encounters (ISQ-MED - pre & post)
5. Measure documentation form: Planning and description of the measure
6. Measure documentation form: Evaluation of the measure

(see attachments)

The conduct of the surveys was supported with the following products:

1. Overview on patient survey strategies as a basis for the decision between telephone interviews, personal interviews and focus groups
2. Patient survey – Information for Clinicians
3. Patient Survey Instructions
4. Focus Group Manual
5. Staff Survey Instructions
6. Checklist for handling out the questionnaire to staff members
7. Staff survey – evaluation information

(see attachments)

# migrant-friendly hospitals

## Conduct of Surveys

The following tables give an overview about methods used for data collection and sample sizes in staff surveys 1 and 2.

**Table 2: Overview Staff Survey 1**

Staff Survey 1	DK	ES	FI	IE	HE	IT	SV	UK
Timeframe	Feb. 2004	Feb. 2004	Feb. 2004	Feb. 2004	Aug. 2004	Feb. 2004	Feb. 2004	Feb. 2004
Data Collection	questionnaires self administered							
Returned Questionnaires	51	60	93	108	16	50	41	60

One hospital did not conduct the first staff survey:

NL: no survey conducted due to feasibility issues, but currently the usage of the existing interpreting service is evaluated.

**Table 3: Overview Staff Survey 2**

Staff Survey 2	DK	FI	IE	HE	IT	UK
Timeframe	Sept. 2004	Sept. 2004	June 2004	Sept. 2004	June 2004	Sept. 2004
Data Collection	questionnaires self administered					
Returned Questionnaires	51	78	61	10	44	38

Three hospitals did not conduct the second staff survey:

ES: no survey conducted as the measure could not be implemented in the frame of the project

NL: no survey conducted due to feasibility issues, but currently the usage of the existing interpreting service is evaluated.

# migrant-friendly hospitals

## Staff Survey: rate of return

	Number of questionnaires distributed		Number of questionnaires returned		Rate of return	
	Survey 1	Survey 2	Survey 1	Survey 2	Survey 1	Survey 2
DK	80	80	51	51	63,75%	63,75%
FL	130	n.a.	93	78	71,54%	
IT	50	50	50	44	100%	88%
SV	60	-	41	-	68,33%	-
ES	60	-	60	-	100%	-
HE	16	10	16	10	100%	100%
UK	74	55	60	38	81,08%	69,09
IE	160	n.a.	108	61	67,5%	

According to available resources and feasibility diverse methods of data collection were used by the participating hospitals within the patient survey. The following table gives information about methods used and sample sizes.

**Table 4: Overview Patient Survey**

	EL	FI	IT
timeframe	September 2004	June 2004	June 2004
Data Collection	Personal interviews	Telephone interviews	Telephone and personal interviews
Returned Questionnaires	5	15	21

Six hospitals did not conduct the patient survey:

DK: no survey conducted due to missing time reasons

ES: no survey conducted as the measure could not be implemented in the frame of the project

IE: no survey conducted due to feasibility issues

NL: no survey conducted due to feasibility issues

UK: no survey conducted because intervention was an administrative refinement

SV: no survey conducted due to issues of content

# migrant-friendly hospitals

Surveys were conducted on the following units:

DK	Paediatrics
FL	Obstetrics
IT	Gynaecology and Obstetrics Paediatrics Emergency
SV	Psychiatry
ES	Emergency Traumatology Delivery
HE	General medicine
UK	Gastroenterology
IE	Patients Accounts Emergency Diabetes Day Centre Outpatients department Medical ward

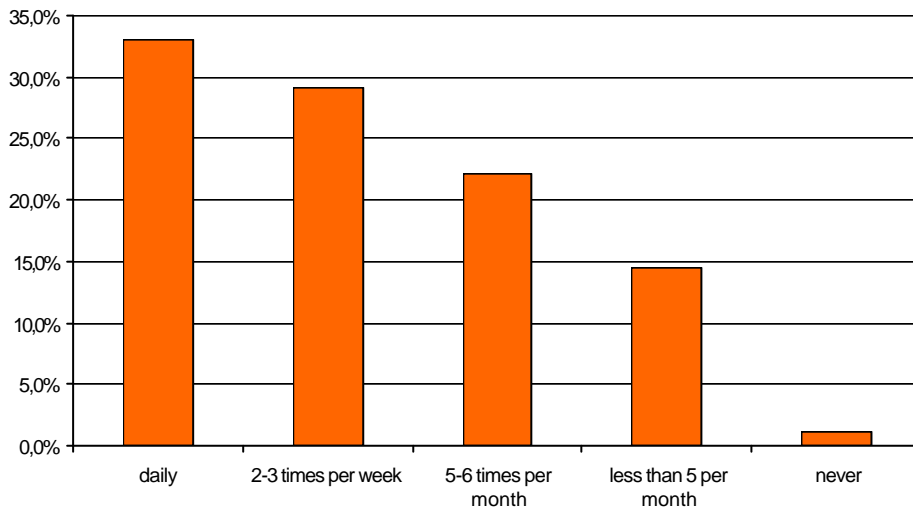
## Evaluation Results

### Staff Survey 1

#### Regularity of contact with patients with a limited command of the local language

Almost all respondents say that they see patients with a limited command of the local language in their daily work. Only 1.1% of the respondents answered that they never see patients with a limited command of the local language in their daily work.

33.1% answered that they see patients with a limited command of the local language daily; another third (29.1%) replied they see them 2-3 times per week and 36.7% of respondents see patients with a limited command of the local language 5-6 times per month or less (5-6 t.p.m: 22.1%; less: 14.6%).



**Figure 1:** Q1: Regularity of contact with patients with a limited command of the local language.

#### Resources to facilitate communication

Answering the question “Which resources do you use to facilitate communication with patients who have a limited command of the local language?” respondents were asked to click boxes on a rating scale with 5 values (never – always and not available) for the following interpreting resources:

# migrant-friendly hospitals

adult relative or friend of the patient,  
professional interpreting service, either face-to-face or over the phone,  
bilingual colleagues,  
bilingual hospital staff assigned to do professional interpreting (e.g. through employee language bank),  
child under 18 brought by patient to interpret,  
self, because I'm a native speaker of patient's language or have learned the language or  
other resources.

**Summarising**, results show that the answer categories „adult relative or friend of the patient“, “professional interpreting service, either face-to-face or over the phone“ and “other resources“ are most common (rated with always or often), while the categories “bilingual colleagues”, “bilingual hospital staff”, “children under 18” and “self” are less common in everyday work.

In detail see the following for the **specific results**:

More than half of the respondents answered that an adult relative or friend of the patient helps always or often to facilitate communication (always: 8.9%; often: 48.8%). 32.0% choose this resource sometimes. About 10% say they use adult relatives or friends rarely or never. This resource is not available for less than 1% of respondents. (rarely: 7.8%; never 1.8%; not available 0.7%).

Most respondents said they use often or sometimes professional interpreting service (often 28.1%; sometimes 21.9%). 7.6% replied they use this resource always to facilitate communication. Nevertheless, 13.6% use professional interpreting service rarely and 14.8% use it never. Remaining 14.0% of respondents who said professional interpreting service is not available.

A fifth of respondents (20.2%) answered that they never use bilingual colleagues to facilitate communication and 11.3% said bilingual colleagues are not available. Both categories “rarely” and “sometimes” show a percentage of 27.2%.

Remaining 12.0% where bilingual colleagues often are used and 1.9% where they always are used to facilitate communication.

Nearly two third of respondents never (31.9%) contact bilingual hospital staff to facilitate communication or said bilingual staff was not available (28.4%). 19.6% answered they rarely do so and 16.2% sometimes choose this resource. Less than 4% of respondents said bilingual hospital staff is often (3.7%) or always (0.2%) used to facilitate communication with patients who have a limited command of the local language.

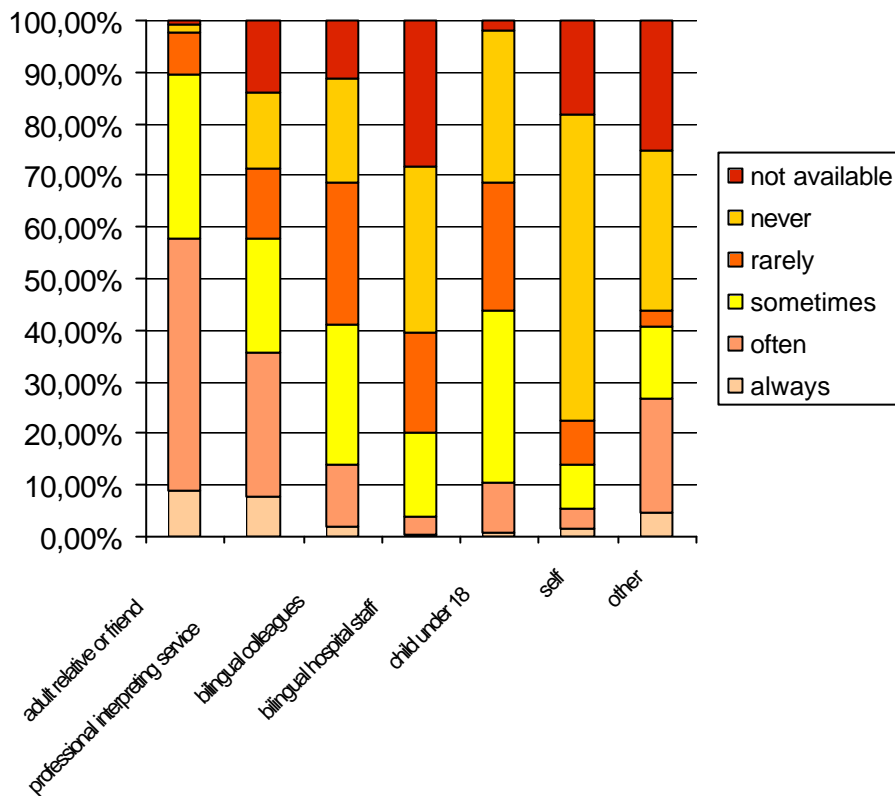
More than half of respondents answered that rarely or never children under 18 help to interpret (rarely 24.7%; never 29.5%). This resource is not available for 1.9% of respondents. 1.0% use children under 18 always to facilitate communication with patients who have a limited command of the local language.

Nearly 10% (9.5%) of respondents often use children under 18 to interpret and a third of respondents (33.5%) do so sometimes.

Less than 6% said they always or often help to interpret themselves because they are a native speaker of patient's language (always 1.5%; often 3.9%). 8.6% answered they sometimes interpret themselves and 8.3% replied they rarely do so. More than  $\frac{3}{4}$  of respondents said they never interpret themselves or this resource is not available (never 59.6%; not available 18.1%).

# migrant-friendly hospitals

Other resources to facilitate communication with patients who have a limited command of the local language, such as sign language, were not available for ¼ of respondents. A third never use other resources to facilitate communication. Less than 5% (4.7%) answered they use other resources always. More than one third answered they often or sometimes use other resources to facilitate communication with patients who have a limited command of the local language (often 21.9%; sometimes 14.1%). Remaining 3.1% who answered they use rarely other resources to facilitate communication with patients who have a limited command of the local language.



**Figure 2:** Q3: Resources to facilitate communication

## Quality of professional interpreting service

Concerning the question, “When accessing the services of a professional interpreter or staff member assigned to do professional interpreting, how in general would you rate the quality of their service?” respondents were asked to categorise the quality of professional interpreting service according to 5 values, always – never, for the following statements: “interpreters are available in a timely manner”, “interpreters introduce themselves and explain their role”, “you feel confident that interpreters transmit medical information accurately”, “interpreters ask for clarification during the encounter to make sure they

# migrant-friendly hospitals

understand the messages”, “interpreters make sure you understand the message(s) the patient is trying to communicate to you”, “interpreters clarify cultural beliefs as necessary for you” or “interpreters assist in identifying the patient’s further needs, too.”

**Summarising**, results show that more than 60% of respondents answered that interpreters are always or often available in a timely manner. Furthermore, about 70% said that interpreters introduce themselves and explain their role always or often and that they are confident that medical information is transmitted accurately. About the half of respondents say that interpreters ask always or often for clarification during the encounter to make sure they understand the messages and they also make sure that the patient understands the message(s). The answer categories “interpreters clarify cultural beliefs as necessary for you” and “interpreters assist in identifying the patient’s further needs, too” are less common.

In detail see the following for the **specific results**:

Nearly 90% of respondents, including answer categories always (17.2%), often (43.9%) and sometimes (27.0%), answered that interpreters are available in a timely manner. 7.8% said they are rarely available in a timely manner and 4.1% negated their timely availability.

More than ¼ (29.0%) of respondents answered that interpreters always introduce themselves and explain their role. 37.9% said that interpreters often do so. About a fifth (21.0%) replied in the category “often”. Nevertheless, remaining more than 10% who responded that interpreters rarely (6.6%) or never (5.5%) introduce themselves.

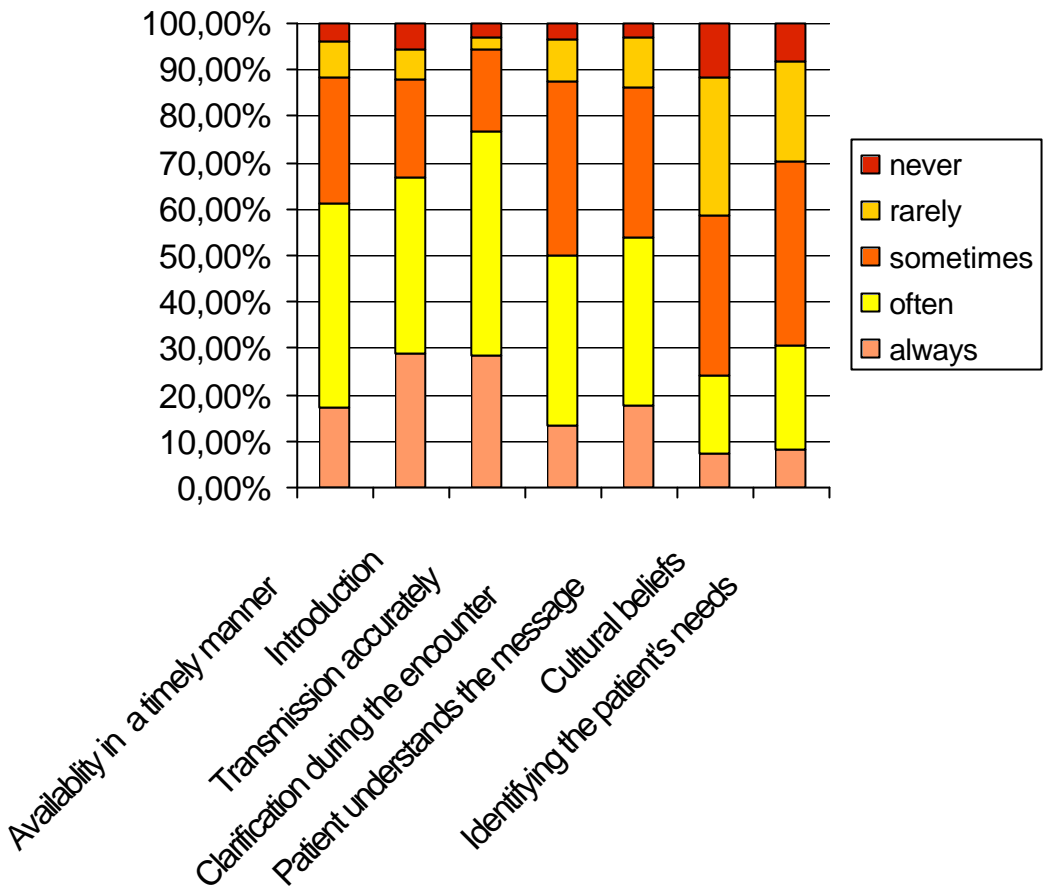
Less than a third of respondents (28.4%) felt always confident that medical information was transmitted accurately. More than half of respondents answered that they felt often (48.2%) or sometimes (17.7%) confident that interpreters transmit medical information accurately. Both answer categories “rarely” and “never” show a percentage of 2.8%.

Almost ¾ said that interpreters often (36.6%) or sometimes (37.6%) ask for clarification during the encounter to make sure they understand the messages. 13.2% responded that interpreters always ask for clarification. Less than 10% (9.1%) rarely ask for clarification and 3.5% of respondents never do so.

More than two third of respondents said that interpreters often (36.2%) or sometimes (32.4%) make sure that the staff understands the message(s) the patient is trying to communicate. 17.6% said interpreters always do so. 3.1% of respondents answered that interpreters never make sure the staff understands the patient’s message(s) and 10.7% rated this question in the category rarely. 7.3% of respondents said interpreters clarify cultural beliefs always as necessary for the staff. Nearly half of the respondents answered that interpreters often (16.8%) or sometimes (34.6%) clarify cultural beliefs as necessary. Less than a third (29.7%) rarely and 11.5% never do so.

More than ¼ said interpreters always (8.0%) or often (22.7%) assist in identifying the patient’s further needs. Nearly two fifth of respondents (39.5%) said interpreters do so sometimes, whereas 21.7% replied they assist rarely in identifying the patient’s further needs. 8.0% of respondents answered they never assist in identifying the patient’s further needs.

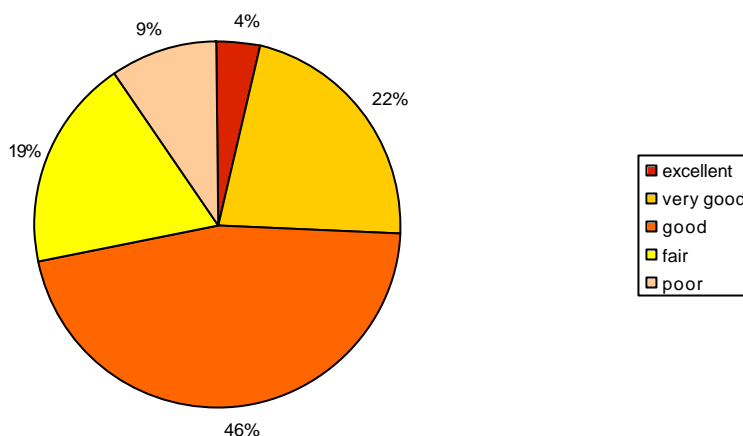
# migrant-friendly hospitals



**Figure 3:** Q4: Quality of professional interpreting service

### Overall quality of interpreting

About ¼ said that the quality of interpreting provided by the hospital's interpreting service is excellent (3.8%) or very good (22.0%). 45.6% answered that the quality is good and nearly a fifth (19.2%) rated it fair. Nevertheless, remaining 9.4% who said the quality of interpreting is poor.



**Figure 4:** Q5: Overall quality of interpreting

## **Staff Survey 2**

### **Regularity of contact with patients with a limited command of the local language**

Compared with the results of S1, in S2 37,9% of the respondents answered, that they see patients with a limited command of the local language in their daily work, which means, that one can notice an increase of 3,1% (S1: 34,8%). Regarding the answer “2-3 times per week”, there is only a minimal increase of 0,2% (S1: 28,3%, S2: 28,5%), but a difference of 4,3% can be found concerning “5-6 times per month” (S1: 21,7%, S2: 26,0%). A rather remarkable decrease happened in terms of the contact with patients with a limited command of the local language “less than 5 times per month”: in S1 14,2%, in S2 only 7,6% of the respondents agreed with this statement. In S1 only 1,1% of the respondents said that they “never” see patients with a limited command of the local language, in S2 nobody took this answer.

### **Resources to facilitate communication**

Answering the question “Which resources do you use to facilitate communication with patients who have a limited command of the local language?” respondents were asked to click boxes on a rating scale with 5 values (never – always and not available) for the following interpreting resources:

# migrant-friendly hospitals

adult relative or friend of the patient, professional interpreting service, either face-to-face or over the phone, bilingual colleagues, bilingual hospital staff assigned to do professional interpreting (e.g. through employee language bank), child under 18 brought by patient to interpret, self, because I'm a native speaker of patient's language or have learned the language or other resources.

**All in all** the answer categories „adult relative or friend of the patient“, “professional interpreting service, either face-to-face or over the phone“ and “other resources“ are most common in S2 too, and the categories “bilingual colleagues“, “bilingual hospital staff“, “children under 18“ and “self“ are less common in everyday work.

Nevertheless there are some differences:

“Adult relative or friend of the patient“ for facilitating the communication became less common in S2, as there is a decrease of 9,5% in the answer category “often“. Therefore 14,8% (S1: 7,6%) and accordingly 4,3% (S1: 1,7%) of the respondents use adult relatives or friends “rarely“ or “never“ for communicating with their patients.

A rather high increase of 17,3% can be found in the answer category “often“ regarding “professional interpreting service“ (S1: 27,5%, S2: 44,8%), and correspondingly one can state a decrease of 5,6% in the answer category “rarely“ and 4,3% in the category “never“.

For more than a third of the respondents (S1: 26,5%, S2: 36,0%) “bilingual colleagues“ are “rarely“, for 24,5% of the respondents “sometimes“ (S1: 27,6%) available for facilitating the communication.

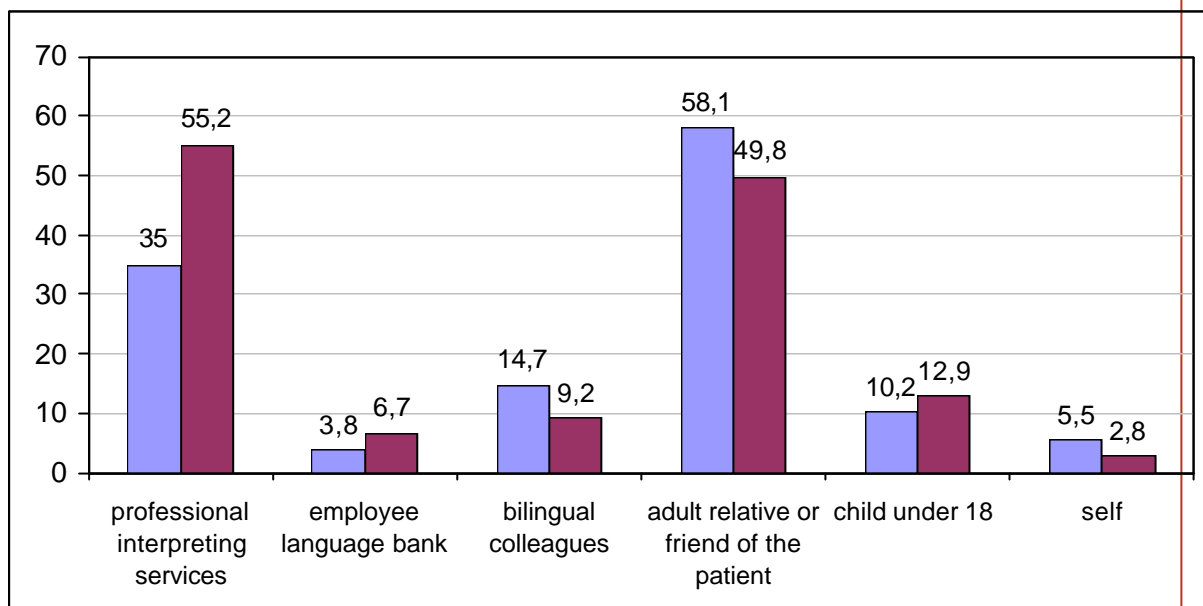
A “bilingual hospital staff“ is “rarely“ used by 26,1% of the respondents, which is an increase of 6,5%, while less respondents said, that this service isn't available at all (S1: 28,9%, S2: 17,8%).

Two thirds of the respondents can be found in the answer categories “rarely“ (S1: 25,5%, S2: 32,6%) or rather “never“ (S1: 28,9%, S2: 31,1%), which means in both cases an increase, while 23,5% of the respondents (S1: 33,1%) said, that “children under 18“ help to communicate “sometimes“.

60,2% (S1: 58,6%) of the respondents aren't native speakers of patient's language, so they can never help themselves, only 2,8% facilitate communication “always“ or “often“ because they do speak the patient's language, and 12,9% are able to do this “sometimes“ or “rarely“, which means that there is a decrease in the answer categories “always“ (S1: 1,4%, S2: 0,8%), “often“ (S1: 4,1%, S2: 2,0%), “sometimes“ (S1: 9,3%, S2: 6,6%) and “rarely“ (S1: 8,9%, S2: 6,3%).

“Other resources“ are used “always“ by a fifth of the respondents, which is an increase of 15,4% (S1: 4,6%, S2: 20,0%), “often“ by a third of the respondents – that's an increase of 8,5% (S1: 21,5%, S2: 30,0%), “sometimes“ by 10,0% (S1: 13,8%), “rarely“ by 5,0% (S1: 3,1%), and “never“ by 15,0%, which is a decrease of 15,8% (S1: 30,8%). These resources aren't “available“ for 20,0%, as they weren't for 26,2% in the first survey.

# migrant-friendly hospitals



## Quality of professional interpreting service

Concerning the question, “When accessing the services of a professional interpreter or staff member assigned to do professional interpreting, how in general would you rate the quality of their service?” respondents were asked to categorise the quality of professional interpreting service according to 5 values, always – never, for the following statements: “interpreters are available in a timely manner”, “interpreters introduce themselves and explain their role”, “you feel confident that interpreters transmit medical information accurately”, “interpreters ask for clarification during the encounter to make sure they understand the messages”, “interpreters make sure you understand the message(s) the patient is trying to communicate to you”, “interpreters clarify cultural beliefs as necessary for you” or “interpreters assist in identifying the patient’s further needs, too.”

**Generally**, all statements gained a higher percentage in the answer categories “always” and “often” in survey two, so an improvement of the various aspects of the quality of interpreting service is obvious.

In terms of the availability of interpreters, compared with S1 (43,9%), a rather high increase of 16,5% can be stated in the answer category “often”: two thirds (S2: 60,4%) of the respondents are often supported by available interpreters, while less persons agreed with the statements, that interpreters are “sometimes” (S1: 27,0%, S2: 16,4%) or “rarely” (S1: 7,8%, S2: 4,0%) at their disposal.

Nearly 80% of the respondents believe, that the interpreters introduce themselves and their role sufficiently “always” (S2: 34,1%) or “often” (S2: 43,6%), which is an increase of more than 10% (S1: “always” and “often”: ca. 67%). Still,

# migrant-friendly hospitals

15,9% clicked the answer category “sometimes”, which is nevertheless a decrease of 5,1% (S1: 21,0%).

More than 80% of the respondents too have the feeling, that medical information is translated accurately by the interpreters “always” (S1: 33,2%) or “often” (S1: 50,2%), which is also an increase of 6,8% (S1: ca. 76,6%). With the statement, that “sometimes” information is transmitted accurately, 13,9% agreed; that’s a decrease of 3,8% (S1: 17,7%).

Concerning the clarification, whether patients understand the message, there is a slight increase in the categories “always” and “often” too: more than half of the respondents (S2: 57,6%) compared with 49,8% of the respondents in survey one affirm these statements, but more than a third thinks, that clarification during the encounter takes place “sometimes” (S2: 31,7%) or “rarely” (S2: 7,6%), which is a decrease of 7,4% (S1: “sometimes”: 37,6% and “rarely”: 9,1%).

Two thirds (S2: 60,2%) of the respondents think, that the interpreter “always” or “often” makes sure, that they get the right message from the patients (S1: 53,8%), while 27,7% “sometimes” (S1: 32,4%), and 10,7% “rarely” (S1: 10,7%) get that feeling.

More than two thirds of the respondents “sometimes” (S2: 30,6%), “rarely” (S2: 25,2%) or “never” (S2: 9,5%) are informed about necessary cultural beliefs of the patients by the interpreter, which is, in comparison with S1, in all a decrease of 10,6%. The other third gets clarification about cultural beliefs “always” (S2: 11,3%) or “often” (S2: 23,4%) – an increase of 10,5%.

Two thirds of the respondents have the opinion, that they are “sometimes” (S1: 39,5%, S2: 37,1%), “rarely” (S1: 21,7%, S2: 22,2%) or “never” (S1: 8,0%, S2: 2,7%) assisted in identifying further needs of the patient, while in survey one nearly 70% agreed with these statements. 38% of the respondents feel “always” (S2: 10,4%) or “often” (S2: 27,6%) assisted by identifying further problems of the patient, which is an increase of 7,3% compared with survey one.

## Overall quality of interpreting

The overall quality of interpreting provided by the hospital’s interpreting service seems to have improved, as an increase of 2,4% in the answer category “excellent” (S1: 3,8%, S2: 6,2%) and an increase of 18,9% in the category “very good” (S1: 22,0%, S2: 40,9%) can be stated – nearly half of the respondents describes the quality of interpreting as “excellent” or “very good”. That means a decrease of 7% in the category “good” (S1: 45,6%, S2: 38,7%), of 8,5% in the category “fair” and of 5,9% in the category “poor” (S1: 9,4%, S2: 3,6%).

## Situation improvement through implemented measures

Being asked whether the work situation has improved through the measures implemented in the context of the project, the respondents had the possibility to choose between the six answer categories: “improved much”, “improved”, “no change”, “worsened”, “worsened much” or “can’t say”.

# migrant-friendly hospitals

9% of the respondents found, that their work situation has “improved much”, 45,9% said it has “improved”, 36,5% didn’t notice any change, and 8,6% of the respondents don’t seem to be in a position to evaluate their situation, as they clicked the answer category “can’t say”.

## **General Findings: staff survey 1 - staff survey 2**

- Interpreters are available in a timely manner (always or often): +17,5% (61,1% / 78,6%)
- Improvement of all defined quality indicators for interpreting services
- Overall rating of interpreting services (excellent oder very good): +21,3% (25,8% / 47,1%)
- Improvement of work situation through the measures implemented in the context of the project: 54,9%

## **Patient Survey**

### **Quality of the hospital interpreter’s service**

Asked whether the interpreter at an appointment in the hospital was present from the beginning of the consultation 97,5% of the respondents confirmed, that s/he was present, while 2,5% didn’t.

In 97,6% of the cases the interpreter stayed until the end of the consultation – in 2,4% of the cases s/he didn’t.

100% of the respondents said, that the hospital interpreter first explained, how s/he will do his/her job.

### **Statements about the hospital interpreter**

Concerning the following statements about the interpreter the respondents could choose between the five answer categories: “strongly agree”, “agree”, “disagree”, “strongly disagree” and “can’t say”.

It’s remarkable, that all three statements offered in terms of the interpreter were answered either with “strongly agree” or “agree” with slight differences between them.

So, 78% of the respondents “strongly agreed”, and 22% “agreed”, that the interpreter helped to understand all medical information, e.g. what, when and why medication has to be taken.

The interpreter also asked them questions during the consultation to make sure, s/he has understood everything they’ve said – 85,4% “strongly agreed”, and 14,6% “agreed” with this comment.

# migrant-friendly hospitals

Concerning important information about customs, dietary needs, religious duties etc. 82,9% “strongly agreed” and 17,1% “agreed”, that the interpreter assisted them in relaying these informations to the doctor.

## Encounter with the doctor

In terms of the encounter with the doctor of the respondents, they could again choose between the five answer categories: “strongly agree”, “agree”, “disagree”, “strongly disagree” and “can’t say” to rate the following statements.

70,7% and 29,3% of the respondents “strongly agreed” or “agreed” with the statement: “S/he took time to talk to me”.

68,3% and 29,3% of the respondents “strongly agreed” or “agreed”, that the doctor showed sensitivity to their cultural beliefs and needs, while 2,4% “disagreed”.

68,3% felt encouraged to ask questions, so they “strongly agreed” with the identical statement, 29,3% “agreed”, but 2,4% “disagreed”.

67,5% of the respondents “strongly agreed”, that the doctor worked together with the interpreter to make sure they understood everything – 30% “agreed”, and 2,5% couldn’t rate this comment, and clicked “can’t say”.

More than half of the respondents “disagreed” (48,8%) or even “strongly disagreed” (4,9%) when asked whether the doctor spoke directly to them than to the interpreter, while 14,6% “agreed”, and a third of the respondents “strongly agreed”.

## Improvement of the interpreting support

A different percentage of the respondents agreed with the following suggestions how the interpreter support could be improved.

“Hospital interpreters should inquire about cultural beliefs more.” – 28,6% of all respondents agreed.

“There should be more information for patients on the roles and tasks of hospital interpreters’ services.” – for 54,8% of the respondents this could lead to an improvement.

“There should be more information for patients on how to gain access to hospital interpreting services.” – more than half of the respondents (57,1%) thought this could improve the interpreter support.

Another 35,7% of the respondents could imagine that the situation could be improved in “other ways”.