

# migrant-friendly hospitals

## Subproject A:

### Improving interpreting in clinical communication

#### **Staff questionnaire for the assessment of interpreting access and service quality in clinical encounters [ISQ-MED\_post]**

**Second Survey – June / September 2004**

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# migrant-friendly hospitals

## Staff Questionnaire – Subproject A

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### Introduction

In the context of the EU project “migrant-friendly hospitals,” **[name of hospital]** is undertaking a project to improve interpreter assistance in clinical encounters with patients who have a limited command of **[local language – please insert]**. This questionnaire aims to obtain an overview of the need for interpreting services as well as the need for and quality of the resources currently used in communicating with patients having limited local language proficiency. Analysis of this questionnaire will help us in preparing effective project measures in a way that best benefits your work.

All information given will be treated confidentially. At no time will you be identified individually.

### 1. In your daily work, how often do you see patients with a limited command of the local language?

Daily	2-3 times per week	5-6 times per month	Less than 5 patients per month	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 2. What are the foreign languages that you see the most?

- |               |                          |         |                          |                |                          |                          |                          |
|---------------|--------------------------|---------|--------------------------|----------------|--------------------------|--------------------------|--------------------------|
| African lang. | <input type="checkbox"/> | Bosnian | <input type="checkbox"/> | Romanian       | <input type="checkbox"/> | Spanish                  | <input type="checkbox"/> |
| Albanian      | <input type="checkbox"/> | Farsi   | <input type="checkbox"/> | Russian        | <input type="checkbox"/> | Turkish                  | <input type="checkbox"/> |
| Arabic        | <input type="checkbox"/> | French  | <input type="checkbox"/> | Serbo-Croatian | <input type="checkbox"/> | Urdu                     | <input type="checkbox"/> |
| Baltic lang.  | <input type="checkbox"/> | Kurdish | <input type="checkbox"/> | Somali         | <input type="checkbox"/> | Others (please specify): |                          |
|               |                          |         |                          |                |                          | _____                    |                          |
|               |                          |         |                          |                |                          | _____                    |                          |
|               |                          |         |                          |                |                          | _____                    |                          |

### 3. Which resources do you use to facilitate communication with patients who have a limited command of the local language?

	Always	Often	Sometimes	Rarely	Never	Not available
3.1. Adult relative or friend of the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2. Professional interpreting service, either face-to-face or over the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3. Bilingual colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4. Bilingual hospital staff assigned to do professional interpreting (e.g. through employee language bank)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.5. Child under 18 brought by patient to interpret	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.6. Self, because I'm a native speaker of patient's language or have learned the language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.7. Other (please specify): .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# migrant-friendly hospitals

4. 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?

NOTE: If you do **not** have access to professional interpreters or staff members assigned to do professional interpreting  go to question 7



	Always	Often	Sometimes	Rarely	Never
4.1. Interpreters are available in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2. Interpreters introduce themselves & explain their role.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3. You feel confident that interpreters transmit medical information accurately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4. Interpreters ask for clarification during the encounter to make sure <u>they</u> understand the messages.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.5. Interpreters make sure <u>you</u> understand the message(s) the patient is trying to communicate to you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.6. Interpreters clarify cultural beliefs as necessary for you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.7. Interpreters assist in identifying the patient's further needs, too.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Overall, how would you rate the quality of interpreting provided by the hospital's interpreting service?

Excellent	Very good	Good	Fair	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. From your experience in using professional interpreters, in which ways should the hospital's interpreting service be improved? Mark all that apply.

6.1. Improve interpreters' availabilities	<input type="checkbox"/>
6.2. Expand hours of operation	<input type="checkbox"/>
6.3. Increase number of available professional interpreters	<input type="checkbox"/>
6.4. Increase the number of languages for which interpreting services are available	<input type="checkbox"/>
6.5. Improve written information for patients having limited local language proficiency	<input type="checkbox"/>
6.6. Improve information on how to gain access to professional interpreting services	<input type="checkbox"/>
6.7. Other (please specify): .....	<input type="checkbox"/>

7. If you wish to make additional comments, please do so below:

.....

.....

.....

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.....

# migrant-friendly hospitals

8. Overall, has your work situation improved through the measures implemented in the context of the project?

Improved much	Improved	No change	Worsened	Worsened much
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Can't say (e.g. I'm new at the department or other reason)
<input type="checkbox"/>

## 9. Demographic information:

9.1. Where do you work?

Hospital:

Department:

Unit/Ward:

9.2. What is your profession?

- Clerical
- Medical technician (*please specify*) \_\_\_\_\_
- Nurse
- Physician
- Psychologist
- Social Worker
- Other (*please specify*) \_\_\_\_\_

9.3. How long have you been working at this hospital? (please specify:) .....

9.4. What is your gender?      Female       Male

9.5. What is your age?