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Limited English Proficient Patient's Use of Family Members and Interpreters: A Pilot Study

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Limited English Proficient patient's use of family members and interpreters:
a pilot study.

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Title: Limited English Proficient patient's use of family members and interpreters: a pilot study.

Background:

In the United States there are populations of people who require interpreters and translators when accessing healthcare to ensure adequate communication between the provider and the patient. Spanish speaking, Spanish dominant, and Limited English Proficient patients often access health care in the United States under providers who are not Spanish speaking (Pares- Avila et al, 2011). The United States Department of Justice defines Limited English Proficient people as “people who do not speak English as their first language and who have limited ability to read, speak, write or understand English”. Limited English Proficient patients who are language discordant with their provider are more likely to report suboptimal interactions with providers than patients whom are language concordant with their providers (Shenker et al, 2011). Operationally defined: interpreters are third party persons who translate spoken word whereas translators are third party persons who translate written word. The use of professional interpreters and translators in healthcare settings increases communication between the patient and their provider potentially creates better, more positive outcomes.

Title VI of the Civil Rights Act of 1964 protects people from discrimination based on race, color or national origin in programs or activities that receive federal financial assistance (U.S. Department of Justice, 2011). Department of Health and Human Services' Office of Minority Health's National Standards for Culturally and Linguistically Appropriate Services (CLAS) have created four standards related to Title VI. The four standards provide guidance as to how to be compliant with Title VI.

Despite laws that mandate the use of interpreters in situations where patients are Limited English Proficient, hospitals are often using family members as interpreters and therefore not meeting federal regulations (Diamond et al., 2010). The CLAS standard 6 relates specifically to family members as interpreters and states that “family and friends of patients should not be used as interpreters, unless specifically requested by the patient, and health care organizations assure the proficiency of language services by being offered by interpreters and bilingual staff” (U.S. Department of Justice, 2011).

According to the United States 2010 Census, 20% of the population speaks a language other than English. This means that when asked to rate their speaking ability of English on a scale of “very well,” “well,” “not well,” or “not at all,” 50 million people responded with “not well” or “not at all”(United States Census, 2010). Of these almost 47 million people live in households that are linguistically isolated, meaning no one 14 years or older speak English “very well” (as reported in the United States census (IOM, 2009).

The United States government’s establishment of Title IX and the CLAS standards indicates awareness for the need of professional competent interpreters in the healthcare setting. The purpose of this pilot study is to find out if Limited English Proficient patients in the healthcare system prefer to use a family member to communicate with their healthcare providers.

Research Question:

Do Limited English Proficient patients prefer to use family members as translators to communicate with practitioners?

Purpose:

The purpose of this study was to explore the use of interpreters and family members in the healthcare setting. This pilot study is apart of a larger study (Diaz, 2013). The larger study is to explore and describe the experiences of Spanish speaking, Spanish dominant and LEP patients accessing healthcare in the United States. The goal of the larger scale study is to describe LEP patient's familiarity of interpreter services available via the CLAS standards, describe LEP patient's experiences accessing healthcare in the United States, and to describe LEP patient's experiences in the United States health care system using or not using an interpreter. This pilot study explored the question of whether LEP patients prefer to use family members as interpreters.

Design:

The pilot study is a cross sectional descriptive survey with one quantitative question. The question asks, "I would rather use my family to communicate with my doctor or nurse." In Spanish, "preferiría usar a mi familia para comunicarme con mi médico o enfermera." Survey takers were able to rate each question as "strongly agree," "agree," "neutral," "disagree," or "strongly disagree." The larger study is a cross sectional descriptive survey that includes both qualitative and quantitative survey questions.

Instrument:

The survey was translated by an independent translator. The translator was chosen due to being registered on the American Translators Association website. Specific credentials desired were: minimum of five years of Spanish to English translation experience, postgraduate education, and experience with medical translations. Five interpreters/ translators were selected for the interview process.

Potential translators were asked to send a resume of their full credentials within a specified time. One person fulfilled the requirement while several others were received after the deadline. They were deemed equal in quality and experience, therefore the applicant who completed all requirements was chosen.

Setting:

The survey was conducted online via personal computer access.

Sample:

The participants were initially recruited online via AOL Espanol and Yahoo En Espanol search engines. The sample included both national and international participants. A link on the search web page, brought participants to the survey. Recruitment was also conducted by word of mouth. LEP proficient people that have access to healthcare in the US and who are 18 years or older were included.

Methods:

Content validity of the instrument was conducted by experts in the field of Spanish translation. A trained medical interpreter/ translator translated the instrument into Spanish. Recruitment was done via two methods. The first method took place online using an ad center. The ad center advertised on Yahoo, MSN, and Bing search engines. Key Spanish words used that related to the study and would help advertise to the correct population were; "English as second language," "lawyers," "medical advice," "cancer," "doctors who speak Spanish," "help with medical English," "high blood pressure," "cholesterol," "local emergency rooms with spanish speaking doctors," "language barriers in hospital setting," "bilingual physicians," "spanish translation," "spanish translation jobs," "spanish translation services," "translation services," "learn

English,” “medical interpreter,” “medical interpreter certification,” “interprete espanol,” “interprete,” “speak English,” and “health insurance help”. This recruitment method was chosen in order to get a variable population from all over the United States. The second method used was word of mouth.

Limitations:

Data Collection was arduous. Minimal research has been conducted on this topic. Data collection online by Microsoft Ad Center provided few surveys. Plausible reasons for minimal results were that some LEP participants may not have had online access. This issue has been corrected in the larger study.

LEP participants are difficult to access and cannot be found in one place, where as you may find students at a university, patients at a hospital and postpartum mothers in a maternity unit. There are language barriers that prohibit and hinder research to any LEP participant. It is potentially cost prohibitive to hire interpreters to reach out to a population who does not speak the same language. There are also cultural differences that may account for reasons why data collection was difficult.

Results:

The pilot surveys were completed by December 2012. This resulted in complete participation of 19 LEP persons. The participation sample consisted of over 70% female participants. Age ranges were variable the majority of the population was between the ages of 60 – 69. Education among participants was variable; 80% of the population had “some college” or less. Only 20% of the participants completed college.

When posed with the statement “I would rather use my family to communicate with my doctor or nurse” approximately 35% of the respondents agreed or strongly

agreed, and over 36% of respondents were neutral to using their family members to communicate with doctors or nurses. Over 50% of participants would prefer to use a family member than a trained medical interpreter if the medical information was bad news. 35% of the remaining respondents were neutral when posed with the statement “I would prefer to use a family member than a trained medical interpreter if the medical information was bad news.” LEP respondents would mostly prefer to or be neutral to using family members as translators/interpreters than professionals when bad news from a provider is presented.

Conclusions:

This pilot study suggests that Spanish speaking LEP persons would not object to using their family members as interpreters. In cases where bad news needed to be presented LEP persons said they would prefer to use their own family members as interpreters rather than using professional interpreters. This finding may indicate that LEP participants do not wish to have third party translators apart of their healthcare conversation, further investigation by researchers interested in healthcare disparities is needed. Research needs to explore other options for assisting family in medical interpretation. If family members were allowed to be used as interpreters, the laws surrounding the CLAS guidelines may need to be adjusted and/or some kind of proficiency test may need to be designed in order to allow family members to act as interpreters in healthcare situations.

Allowing family members to legally be interpreters for family members may be beneficial to patient care if that is what the patient wants, however it may also put family members in uncomfortable positions in which not all information would be accurately

translated. Future directions include continued research on the accuracy of family members as interpreters versus professional interpreters or other kinds of interpreters, and research on how patient outcomes vary when comparatively using a family member as a interpreter versus a professional interpreter. Competency testing for medical Spanish to medical English for all kinds of translators should also be explored. The accuracy of interpreters and translation is unknown. Researchers and healthcare workers need to work together to find a solution to this growing problem. Continued research in this area could potentially improve patient outcomes and decrease the number of healthcare disparities across the United States.

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