

Language Barriers and Emergency Medicine

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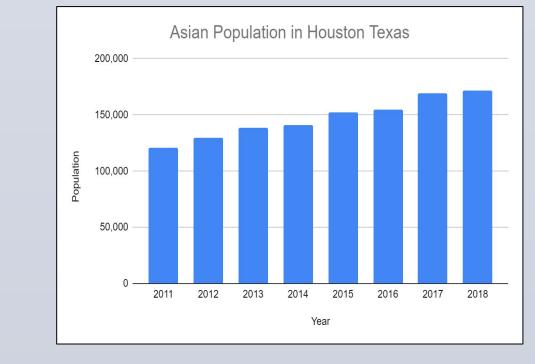
Objective/Background

- In language-discordant emergency situations, clinicians must judge a patient's pain and psychological state to determine if sufficient time exists to obtain interpretive services or begin to act on the patient's behalf without informed consent (2).
- Many translators utilized in the ER by phone services aren't trained in medical terminology. (4) This disconnect can greatly affect what the patient understands about their diagnosis, including treatment and home care. (1)
- Our research question investigates the healthcare experiences of ESL speakers, and asks what impact do these experiences have on the lives of those who speak a different language other than English.
- Our goal is to develop an appropriate survey measurement tool for Cantonese, Vietnamese, and Mandarin populations in the Houston area, focusing on how to help solve language-discordant communication.

Methods

- A survey was issued to undergraduate students via bulk email system. It consisted of 17 open-ended questions serving to obtain a general understanding of the public's experiences in interacting with physicians. Our principal investigator pretested the survey to ensure that the questions were comprehensible, and it was estimated to take 10 minutes to complete.
- A total of 37 responses were reviewed through descriptive analysis of the multi-lingual participants to identify trends that were present using qualitative research. Thematic analysis was also utilized to determine the overarching theme of how multi-lingual participants' healthcare has been impacted through communication issues with healthcare providers.
- Further analysis with consenting participants will be conducted in the future to determine their expectations of the healthcare system. This will guide us in developing an effective community intervention strategy.

Figure 1. Asian population growth in Houston, Texas from 2011-2018. (5)



Preliminary Results

• (n) 32. Thirty of these respondents stated that they are bilingual/multilingual, and 27 of these thirty respondents did not speak English as their first language.

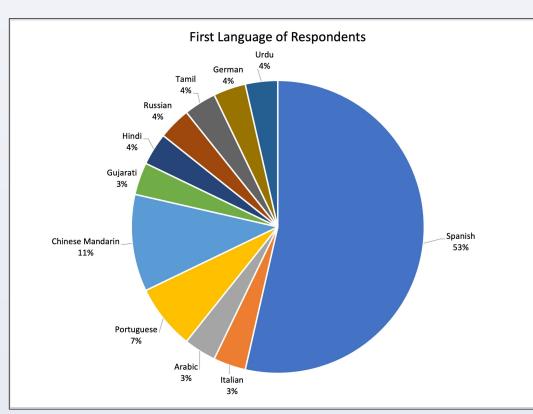


Figure 2. Languages of respondents who do not speak English as their first language.

- 50% of bilingual/multilingual respondents reported that they had to translate on behalf of an individual in a healthcare setting, and ½ of those experienced a language-discordant complication whilst translating in a healthcare setting.
- "I don't really feel confident about translating for me or my family... The doctors speak using many terms that I am not familiar with, so I frequently misunderstand their questions and recommendations. Even though that sometimes we had the option to request a translator, the assistants/nurses sometimes do not have patience or don't really know how to translate properly into Spanish. That makes me feel very uncomfortable and I just give up... [and] pretend that I understand everything because I do not want to be embarrassed or judged because of my lack of understanding."

"I was not able to explain properly my symptoms... to make proper questions regarding my treatment... to understand the reasons of using my medications or how will they be affecting my body... I have been taking treatments for a long time and I have not being able to understand my medical conditions or if there is any progress after following treatments that I do not understand. In addition, I had some experiences where the doctor office refuses to provide me any attention because I do not speak English and I do not have a translator."

• Of the respondents who had remembered translating in a healthcare setting, 50% remember being elementary school aged during the first time they had to translate.

"Having the pressure to translate and knowing that medical assistance was in my hands, was very scary especially for a young girl. I had to memorize important facts or details about my siblings and I like the symptoms we were having in English."

Conclusion

- The preliminary results suggest that bilingual/multilingual speakers do not find ad hoc translation to be sufficient in healthcare settings. It is reasonable to assume that elementary school aged children are not well enough educated to serve as an adequate translator between their parents and a physician.
- The preliminary results offered a snapshot of the various issues that non-English speaking patients face when having to interact with medical professionals. The most common issue among the respondents was that it did not appear that they were offered official translation services by the hospital, and instead had to rely on either Google Translate or by using ad-hoc translators, such as family members.
- This research will lead to the development of a community intervention strategy which will be introduced to populations in Houston, Texas that speak only Cantonese, Vietnamese, and Mandarin, as well as the clinicians responsible for serving them, to produce a greater healthcare experience.
- This community intervention strategy will help foster better understanding between patients and clinicians who are faced with language-discordant communication.

References

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