Lost in Translation: Language Barriers Within the Doctor's Office

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Abstract

This study researches the perceptions of third party interpreters in medical facilities. Participants were thirty (n=30) college students. They were given online and paper surveys to take regarding their experiences as a third party interpreter assisting family member(s) whose first language was not English. Based on a 7-point scale and free response question, participants reflected on their experiences as a third party interpreter in a medical facility. Limitations to the study are explained and a proposal for future research is provided in what follows.

Keywords: family communication, language barriers, third party interpretation, intercultural communication, medical facility, physician

Literature Review

Many patients who attend medical facilities in the United States do not speak English as their first language. Often, these people are not proficient in speaking or understanding the English language, making it difficult to understand important medical information. As a result, patients' family member(s) are given the responsibility to serve as third party interpreters. Research has done a good job in discussing professional interpreters within a medical facility. The following will review this literature, detail and investigation concerning third party interpreters. We will also offer further analysis on comparing a third party interpreter taking on the roles within the following areas: interpretation, intercultural mediation, and proof that there is an absence in adequate training for medical, interpreting services.

Interpretation

Interpreters in a medical facility play a vital role in how patients perceive their medical care. For patients whose first language is not English, finding the right interpreter can make or break their experience in a medical facility. Lack of emotional support from professional interpreters causes tension between the patient, doctor, and interpreter (Hsieh & Hong, 2010). Patients perceive interpreters who strictly relay medical messages without forming a personal relationship as unapproachable and untrustworthy with possible vital medical information. Interpreters keep messages short and to the point to avoid any conflict with a physician (Hsieh & Hong, 2010). Any emotional support provided by an interpreter or physician can overstep the responsibilities of these individuals, causing them to make rash decisions regarding their patient.

Hsieh and Hong (2010) have defined three different kinds of interpreters used by physicians. The first kind described are telephone interpreters, or interpreters who listen into a

doctor's appointment via phone call. The second kind described are professional interpreters, who attend doctor's appointments in person. The third are chance interpreters who are usually family members or people in the waiting room who speak the first language of a patient who is in need of an interpreter. All three kinds of interpreters have received criticism by patients (Hsieh and Hong, 2010). As perceived by patients, telephone interpreters can cause stress on a patient because the interpreter is not physically there. Professional interpreters lack emotional support for patients, leading patients to believe that they do not matter in the doctor's office. Finally, chance interpreters may have another agenda regarding the patient's medical care, which can cause tension between the patient and interpreter (Hsieh and Hong, 2010). The stress caused by different kinds of interpreters on a patient can lead them to have an unpleasant experience at the doctor's office and ultimately, them not receiving the proper care they need.

Intercultural Meditation

A grassroots basis that can help transfer a family member(s)' responsibility of interpreting to professionals is the methodology of interdisciplinary. Interdisciplinary is important because it teaches how medical interpreters also serve as intercultural mediators. Olivares and Pena (2014) have defined intercultural mediators as "the bridging actors between the user and medical personnel, interpreting not only the linguistic act but adapting it to the situation taking into account the cultural and contextual features involved" (p. 114). With intercultural meditation, interpreters will be able to be aware of a patient's cultural and non-verbal communication. There are different cultural codes (both verbal and nonverbal), which are important for professionals to recognize.

Because third party interpreters are limited with their personal experiences, they do not know how assist their family members professionally when in a medical facility. There is a risk to having third party interpreters because professional messages can be miscommunicated from doctor to third party interpreter to patient (Olivia & Pena, 2014). There is not only a language barrier. There is also a barrier of understanding medical terms and procedures, and an emotional barrier. If professional interpreters and mediators go through the proper training of intercultural mediation, they can apply their knowledge and understanding to bridge the gap between English speakers and non-English speakers. By incorporating interdisciplinary methodology, the distress on third party interpreters and patients can be eased (Hsieh, 2010).

Absence in Training and Need for Services

Due to the lack of professional interpreters that speak one's first language, third party interpreters, or 'ad hoc' interpreters are often seen in medical facilities (Juckett & Unger, 2014). Ad hoc interpreters are more times than not family members of the patient receiving care. While these interpreters are able to translate from English to the patient's first language, they often misunderstand medical terms, misinforming the patient (Juckett & Unger, 2014; Lor, M., Xiong, P., Schwei, R. J., Bowers, B. J., & Jacobs, E. A., 2016; Schillinger et al., 2006).

In a survey reviewing the training and knowledge of speech language pathologists (SLPs), 66% of the professionals reported that they felt minimally to moderately prepared to work with bilingual adults. When asked which services were of most importance within professional curriculum, training on how to use interpreters and bilingual certification were ranked as third and fourth. At the end of the survey, SLPs reported the availability of linguistically and culturally appropriate therapy materials as the resource in which they would be

most interested in having available to best serve bilingual adults (Centeno, 2015). Centeno's research reveals that there is a need and demand for multicultural and bilingual education to better serve patients who may not use English as their first language.

In medical facilities, healthcare providers and patients come together to discuss possible health issues but if a patient is unable to communicate effectively with their provider, messages are misunderstood (Schillinger et al., 2006). Besides having a professional or ad hoc interpreter, patients found that having visual aids helped with successful communication with their physicians when there was a language barrier (Schillinger et al., 2006). Even though interpreting services were found to be the most helpful in a medical facility, they are not offered to many patients. Interpreters are more likely to specialize in verbal communication rather than written communication in a healthcare environment because it is more efficient (Juckett & Unger, 2014).

The reported satisfaction levels of interpreting services help argue the need for bilingual services in medical facilities. Scores have shown a major difference of satisfaction rates of empathy and patient-centeredness between English-speaking patients and Spanish-speaking patients (Mayer et al., 2016). The survey asked patients to respond to a series of questions all beginning with, "How was the doctor at…" For Spanish-speaking patients, the lowest scored questions were: "Letting you tell your 'story,'" "Fully understanding your concerns…" and "Being positive…" (Mayer et al., 2016). An interesting observation is that "Being positive..." was the highest scored question for English-speaking patients. The discrepancy illustrates the relationship between patients who may or may not be proficient in English with their medical experiences. The questions that were scored the lowest for Spanish speakers reflects the need for

bilingual services because access for communication plays a major role in a patient's satisfaction.

Current scholarship on professional interpreters in a medical facility has done a good job at discussing the importance of having an interpreter (Hsieh and Hong, 2010; Juckett and Unger, 2014; Lor et al., 2016; Schillinger et al., 2006) and how important interpersonal communication is in the doctor's office (Hsieh and Hong, 2010). However, communication scholarship has failed to question the perceptions of third party interpreters in a healthcare setting. Medical facilities provide many important services for those who are in need of medical attention. However, many patients that visit these facilities do not speak English as their first language, resulting in a language barrier between a physician and them. Because of this language gap, a third party interpreter is brought into the office to translate between patient and doctor.

Academic research on the topic currently consists of qualitative research and case studies on professional interpreters rather than quantitative research on ad hoc interpreters' perceptions of the medical field. The importance for adequate, professional interpreters lies in the fact that they become advocates for patients (Hsieh et al., 2013). As such, the following hypothesis and research question are offered:

H1: The responsibility of interpreting should not fall onto the shoulders of third party interpreters because messages can be miscommunicated since the family member(s) may not have the medical knowledge to translate important information. Professional interpreting is not only professional, but also personal. It can be emotionally draining and tiresome.

RQ1: What are the third party interpreters' perceptions when attending medical facilities with a family member(s) whose first language is not English?

In what follows, we explain the methods, describe the findings, and explore the current research on the topic.

Method

For this study we chose a mixed method approach in order to understand the experiences of third party interpreters in depth. We used qualitative and quantitative methods within our survey.

Participants

For this study, we surveyed thirty students from the University of San Francisco varying in age, gender, and ethnicity. A majority of participants identified as someone who has attended a medical facility with one or more family members whose first language is not English. Five participants identified as male and twenty-five identified as female.

Materials and Procedures

Participants were recruited using a convenience sample. The study took place at a private university on the West Coast of the United States in the Spring 2017 semester. Participants were given a survey and told that their answer would be anonymous and shared only between the researchers and professor. Surveys included a seven-point scale and a free response question prompting the participant to describe their experience(s) as a third party interpreter in the doctor's office. When thirty surveys were collected, we proceeded to input the results in Statistical Package for the Social Sciences (SPSS) Software. Next, we coded our data to search for patterns or recurring phrases.

Dependent Measures

Participants were asked to respond to the following questions:

- What is your sex?
- How do you identify culturally?
- Is English your first language? If "No," what is your first language?
- Who do you most frequently accompany to the doctor's office to interpret for?

They were then asked to rank their experiences on a 7 point scale based on the following scenarios:

- When accompanying my family member to a medical visit, I feel:
    - Obliged/Not Obliged
    - Helpful/Not Helpful
    - Proud/Ashamed
- When I am unable to attend a medical visit with a family member, I feel:
    - Not Guilty/Guilty
- Overall experiences as a third party interpreter:
    - Positive/Negative

Lastly, participants were given a free response portion to describe their experiences as a third party interpreter in the doctor's office.

Results

After processing our data in SPSS, we discovered the following statistics. 16.7% of our participants identified as male, and 83.3% identified as female. 43.3% of our participants identified as Asian, and 23.3% identified as multiracial; a majority of multiracial participants being Asian and White. When asked if English was their first language, 76.7% of our participants answered "Yes," and 23.3% answered "No." In response to whom they have

accompanied, 40% of participants have accompanied their Mother, 16.7% accompanied their Father, and 16.7% have accompanied multiple family members.

Observing the results from the seven point scales in SPSS, we found the following statistics: Participants felt neutral or slightly obliged (3.62) to accompany a family member to a medical visit, helpful (5.00) when present, proud (5.55) when present, guilty (3.04) when unable to attend a medical visit, and overall had a slightly positive (5.38) experience as a third party interpreter.

When coding the free responses of our survey, we discovered the following patterns: the experience of being a third party interpreter is normalized or expected of participants among people of color, third party interpreters recognize the language barriers between the physician and patient, and in addition to serving as an interpreter, participants attend for moral support.

Discussion

In this study, undergraduate students at the University of San Francisco responded to a mixed methods survey regarding their experiences as a third party interpreters in a medical facility. Participants were asked to rate their experiences on a seven point scale and to describe their experiences in a free response.

There were strong correlations between participants' scales and free response. For example, Participant 29's neutrality of her overall experience as a third party interpreter is found when answering the open ended section of describing her experience:

> My Mom is sometimes kind of discriminated against because of her accent so doctors sometimes treat her like she is stupid, which is frustrating. When I am there I am able to explain to both my Mom and doctor more in depth. Sometimes I get frustrated with the

doctor because they invalidate what my Mom says at times. This is where I usually step in the most.

Here, she discusses how language barriers can be frustrating between herself, her Mother, and the doctor. She recognizes how her Mother is discriminated against because of her accent, resulting in the participant's need to step in to interpret for her Mother. She sees how these experiences can be invalidating, highlighting the need for better training on intercultural meditation.

In Participant 22's response, she states: "It's something I've always had to do. It got easier as I got older, but I still struggle trying to translate the medical terminology. I feel bad sometimes because now that I'm at college, there's no one to interpret for my Mom at the Doctor's office." Her response connects to her scale response of feeling slightly guilty for when she is unable to accompany her Mother to a medical facility. "It's something I've always had to do" and "I feel bad sometimes" reflects how being a third party interpreter is not only something that individuals need to do, it's something they have to do in order for their family member to receive the proper care from a physician. With the absence of a third party interpreter, medical messages can be confusing or lost in translation for the patient.

Participants 29 and 22 both identify as people of color. Looking at third party interpreter's experiences as a whole, many, if not all of the participants identified as a minority. When asking non-minorities if they had ever attended a medical visit with a family member, a majority responded with, "No," making them unable to take the survey. This reflects how most third party interpreters are needed amongst minority groups. If non-minorities responded with

"Yes" and took the survey, their replies tended to be more positive or for social support rather than language support; contrasting to how people of color responded.

Reviewing our experiment, we found a few limitations to our study. First, our study's participants were predominantly female, which did not give us a full perspective of the third party experience. Secondly, a majority of our participants identified as Asian. Future research could study a broader spectrum of races and ethnicities. Another limitation was that we surveyed individuals that were of college age. Broadening the age gap would give us, as researchers, a better idea of what perceptions of third party interpreters are. Finally, our online study left out one question from our print survey, which altered our results.

Future research within our area should include how medical facilities can improve training on cultural diversity. Exploring this area further will help physicians discover how to break down language barriers, reducing the need for third party interpreters. New discoveries can also be found by surveying different locations and age levels. Since California, especially our sample of San Francisco, has multiple languages, cultures, and races/ethnicities, it would be interesting to see how the experiences of third party interpreters vary by location.

Another major factor that should be explored to enhance the area's research is analyzing if there is a generational difference between third party interpreters. How do the experiences of first generation interpreters differ from second or third party interpreters? Which generation holds the greatest responsibility of being a third party interpreter? How can medical facilities help ease the pressures of interpreters? These are the questions that future research can explore to help patients whose first language is not English avoid being lost in translation.

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