

Navigating Multilingual Care: Language Discordance Adaptations in Peru and Zambia

Nicholas J. Lehman, Caitlin M. Cross, Dr. Nielufar Varjavand, MD
Drexel University College of Medicine

Introduction

Language coexistence within nations is well documented, and these linguistic variations extend into healthcare systems, impacting communication, care delivery, and patient outcomes. This poster explores language discordance in clinical settings in Cusco, Peru, and Livingstone, Zambia, as observed by two American students in summer global health programs.

Peru

In El Centro Gerontológico La Recoleta in Peru, observations were made at a facility converted from a church into an in-patient geriatric clinic, staffed by nuns in nursing roles, household staff, volunteers, and a physiotherapist. Most residents spoke Spanish, while many spoke Quechua but could understand some Spanish. Staff were bilingual in Spanish and Quechua, enabling communication with patients in their preferred language.

The dual-language proficiency of the team facilitated equitable care, demonstrating that linguistic competence in multiple local languages can bridge communication gaps in patient care.



Nicholas Lehman at El Centro Gerontológico La Recoleta in Cusco, Peru



Caitlin Cross at the Libuyu Clinic in Livingstone, Zambia

Zambia

In the Libuyu Clinic in Livingstone, Zambia, volunteering across departments of a public clinic highlighted complexities of providing care in a multilingual environment within an English-based healthcare system. Patients spoke Nyanja, Bemba, Tonga, or combinations thereof.

Staff navigated this variability through native fluency, on-the-job learning, or reliance on Nyanja, which encompasses elements of other local languages. Healthcare providers adapted, developing strategies to communicate effectively despite linguistic barriers.

In conclusion

These experiences demonstrate that language discordance is a significant factor in healthcare delivery across international contexts. Healthcare workers' ability to communicate in patients' preferred languages supports more equitable and effective care, while their ability to adapt when not fluent show further approaches to decrease boundaries, highlighting the importance of adopting location specific strategies to address multilingual patient populations when resources or circumstances vary.