

“Do you speak English?” The efficacy of clinical virtual interpretation services

Julianna Kinsolving, MS⁽¹⁾, Lidia Cardelle⁽¹⁾, Adalberto Guzman-Mejia, MD⁽²⁾ and Anas Atrash, MD, FACP⁽²⁾

(1) Drexel University College of Medicine (2) UPMC Harrisburg

Abstract

According to the 2020 Census, 27 million people living in the United States identify as being limited in English proficiency (LEP)¹. While the 1964 Civil Rights Act legally requires federally funded hospitals and clinics to provide language services², we sought to determine whether virtual interpretation is efficacious in terms of patient satisfaction. A sample of 54 patients who identified as LEP within a free healthcare clinic completed a survey assessing factors such as satisfaction with virtual language services, interpretation preferences, and experiences with the healthcare system in the past. Amongst the survey results, 88% reported not being accurately understood by providers in a healthcare setting, 65% reported feeling discriminated against because of their preferred language, and almost 90% felt frustrated with interpretation services (or lack thereof). 90.7% preferred in-person interpretation compared to 9.3% preferring virtual interpretation, and 92.6% desired better virtual services than those provided. There is a clear lack of satisfaction, clarity, and efficacy with offered virtual interpretation services, which demonstrates the need for more in-person interpretation in healthcare settings. Furthermore, it would be beneficial for residency programs to incorporate language training to create bilingual physicians, who are associated with improved patient satisfaction and outcomes.

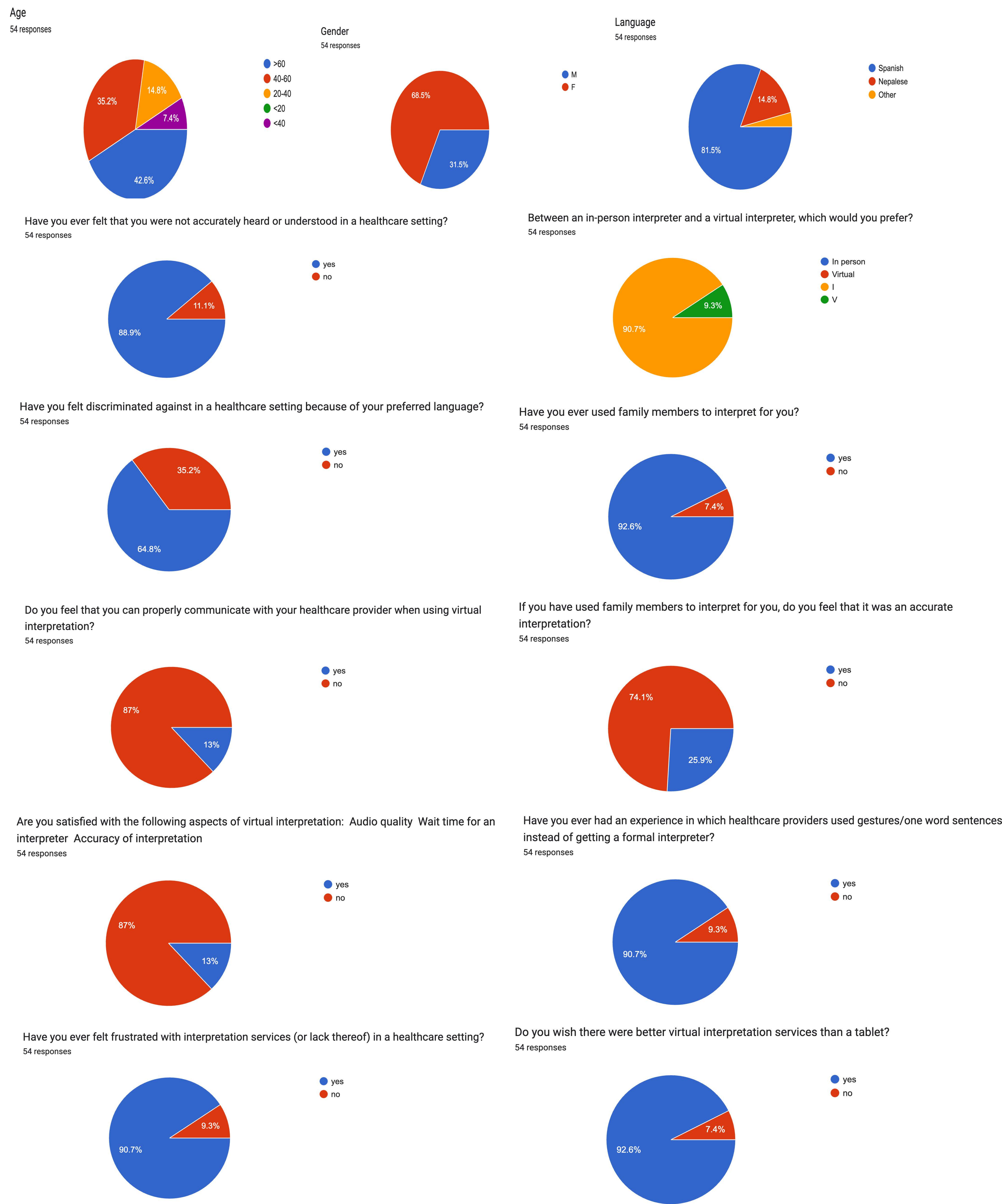
Background/Project Description

Language equity is the principle that we are entitled to communicate and engage in the language that we are most comfortable with and prefer. Although healthcare providers are legally required to provide language services to patients, a 2016 survey by the American Hospital Association showed that only 56% of hospitals offered any type of language service⁽³⁾, most of which are delivered via tablet or telephone today. These virtual services, while helpful, do not offer the same experience as in-person interpretation, as grammatical errors, lack of medical terminology, and miscommunication from a distance can impede full conversation and understanding between patients and their provider. We created and distributed a questionnaire survey to LEP patients in a local clinic that assessed their satisfaction, experience, and perspective with virtual interpretation services. This survey allowed for patients to safely and anonymously express their views surrounding language services in order to gauge the efficacy of these services in terms of patient satisfaction and communication. The results of this survey will illustrate the communication and care gaps that exist when employing the use of common hospital virtual interpretation services.

Methodology/Objectives

We distributed an eleven question survey to 54 patients who identified as LEP during their healthcare appointments and recorded their demographics, including preferred languages, ages, and genders, along with survey answers and any comments they contributed. We analyzed the collective data to gather total percentages of positive and negative responses in addition to analyzing the data based on their demographics.

Results



Conclusions/Discussion

Overall, the results of the questionnaire demonstrated a negative attitude towards virtual interpretation services. The study sample was mainly comprised of those over 60 years old (42.6%) and late middle age of 20-40 years old (35.2%) with the rest being under 40 years of age. The majority of subjects were women (68.5%) and spoke Spanish as their preferred language (81.5%).

Almost 90% felt that they had not been accurately understood in a healthcare setting, 64.8% had felt discriminated against because of their preferred language, and 87% felt that they could not properly communicate with their healthcare provider using virtual language services. Over 90% felt frustrated with interpretation services (or lack thereof) and 88.9% did not feel satisfied with this modality of interpretation.

92.6% have used family members to interpret for them and of this group, 74.1% felt that it is not an accurate interpretation. Over 90% preferred in-person to virtual services, as this same percentage reported having experiences in which providers did not employ professional interpretation services and instead resorted to communicating through gestures and one word sentences. A collective of 92.6% expressed desire for better virtual interpretation services than those on iPads that are commonly used.

Comments from subjects included “it can take forever to get a translator sometimes”, “I can’t express my full emotion”, and “I’ve had problems with virtual services”. Other comments ranged from “it is very difficult to find a provider” to “took 35 minutes to get an interpreter”.

Future Prospects

Oftentimes, it can be difficult for patients to advocate for themselves, especially those from historically marginalized populations or of low socioeconomic status, and their frustrations with inadequate provided services may go unnoticed. While virtual interpretation services can provide some communication, fundamental non-verbal aspects of communication, such facial expressions and body language, cannot be fully expressed in the way they would be with the use of in-person interpretation. The combination of these factors often leads to missing important data between patient and provider, leading to poorer health outcomes and further gained mistrust of the healthcare system. By conducting this study, we have data that supports the initiative to incorporate language training within residency programs in order to create multilingual physicians who can directly and accurately communicate with their patients. It also supports and validates diversity, equity, and inclusivity initiatives in both residency programs and medical schools to broaden and diversify culturally competent healthcare providers who can relate and understand their patients in vital ways. In alliance with the ethical principle of autonomy, it is crucial that patients can properly communicate their needs and fully understand the state of their own health when engaging with the healthcare system.

References

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