

Nursing & Interpreting; Interpreting & Nursing.

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- MA Medical Anthropology, SOAS, University of London, 2000.
- Nurse, Medical Outpatients Department, University Hospital Basel (since April 2008).
 - Current research work on use of interpreters in a clinical setting.
 - Examining the role of the nurse.
- Nurse Practitioner, Whitechapel Walk-in Centre, Tower Hamlets PCT, London (2003 – 2007).
 - Joint author: Evidence based primary health care and local research: a necessary but problematic partnership (2008).

Should healthcare providers invest in interpretation services?

- Why is interpreting an issue in healthcare provision?
- Current approaches in addressing the interpretation issue.
- Conclusions and the optimal approach.

Nursing & Interpreting – a global challenge (1)



- In the US over 24 million residents are unable to speak English fluently, with over 55 million residents speaking a language other than English.
- In urban Australia language services are required in up to 100 different languages reflecting enormous linguistic diversity.

Nursing & Interpreting – a global challenge (2)

- In the UK, 7.9% of the population are from black and other minority ethnic groups. Recent research identifying more than 300 languages, excluding dialects, spoken by children at home, indicates that London may be the most linguistically diverse city in the world. (Gill, 2009)



Nursing & Interpreting – a global challenge (3)



- Switzerland, a country in the heart of Europe has 4 national languages, German, French, Italian and Rumantsch.
- In Basel City 31% of the pop. are foreign born, 63% of this group speaks a language other than German at home. (Bischoff, 2009)
- In Geneva, 43% of the population are foreign born and about 25% of the population speaks a language other than French at home. (Bischoff et al, 2009)

Significant consequences associated with language barriers in healthcare

- Misdiagnosis
- Unequal Treatment
- Unnecessary tests
- Lower levels of patient satisfaction
- Poor compliance
- Increased cost

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Two main approaches identified in the literature

- Ad hoc Interpreters
 - Family members and friends.
 - Untrained volunteers.
 - Bilingual staff members.

- Professional Interpreters

Interpretation via family members, friends and untrained volunteers least favoured options

- It is generally agreed that family members, friends and untrained volunteers are a poor alternative as interpreters.
 - Confidentiality
 - Embarrassment
 - Lack of expertise
 - Unfair burden

The Arguments for and against the use of Bilingual Health Workers

Advantages

- Can be readily available at short notice
- Understand medical terminology

Disadvantages

- Hidden cost
- Conflict in their role

The Arguments for and against the use of Professional Interpreters


Advantages

Professionally trained interpreters with medical knowledge

Disadvantages

Not always readily available, appointments have to be planned.

Reality in Switzerland



In Switzerland, GP practices do not provide interpreting services. The patient is obliged to cover this cost or bring their own family member or friend as an interpreter.

Every patient is obliged to have health insurance. The insurance companies do not cover the cost of professional interpreters.

Hospitals in Switzerland are required to cover the cost of interpreting services but not legally obliged to offer this service.

Results of a study :

- Lists were maintained of medical staff who speak several languages and who were willing to act as interpreters.
- After training they were listed as ad hoc interpreters in the internal language skills database.
- List involved 18 employees, 11 languages covered.

**University Psychiatric
Clinic in Basel (UPK)**

**University Psychiatric
Polyclinic in Basel (PUP)**

Objective of Survey at UPK and PUP



Bilingual Employees (ad hoc Internal Interpreters)

V's

Professional External Interpreters

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Conclusion from this Study

- For complex consultations that could be planned in advance and which could be expected to deal with emotional or cultural issues, external interpreters were considered more appropriate.
- Conversely, for one off urgent discussions of short duration, on simple, non abstract subjects, ad hoc internal interpreters are a good choice.

Practical recommendations from Study

- Working with certified interpreters is a worthwhile objective.
- Ad hoc interpreters (family members or friends, untrained hospital employees) should be avoided.
- Children should only be used in absolute emergencies.

Practical recommendations from Study

- Bilingual employees should only be used if appropriately trained and if the institute has structures in place to support them.
- Bilingual employees should be given the choice.
- A database alone of bilingual staff members is not enough.
- Ideally the internal database should list several male and female bilingual staff members for the most commonly spoken languages.

Practical recommendations from Study

- The health provider should formulate an internal interpreting concept governing:
 - Bilingual employees
 - Professional interpreters

- The language skills of bilingual employees should be reviewed when appointed.

Thank you for your time.

