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Limited English proficient Hmong- and Spanish-speaking patients' perceptions of the quality of interpreter services

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ABSTRACT

Background: Language barriers are a large and growing problem for patients in the US and around the world. Interpreter services are a standard solution for addressing language barriers and most research has focused on utilization of interpreter services and their effect on health outcomes for patients who do not speak the same language as their healthcare providers including nurses. However, there is limited research on patients' perceptions of these interpreter services.
Objective: To examine Hmong- and Spanish-speaking patients' perceptions of interpreter service quality in the context of receiving cancer preventive services.
Methods: Twenty limited English proficient Hmong ($n = 10$) and Spanish-speaking participants ($n = 10$) ranging in age from 33 to 75 years were interviewed by two bilingual researchers in a Midwestern state. Interviews were audio taped, transcribed verbatim, and translated into English. Analysis was done using conventional content analysis.
Results: The two groups shared perceptions about the quality of interpreter services as variable along three dimensions. Specifically, both groups evaluated quality of interpreters based on the interpreters' ability to provide: (a) literal interpretation, (b) cultural interpretation, and (c) emotional interpretation during the health care encounter. The groups differed, however, on how they described the consequences of poor interpretation quality. Hmong participants described how poor quality interpretation could lead to: (a) poor interpersonal relationships among patients, providers, and interpreters, (b) inability of patients to follow through with treatment plans, and (c) emotional distress for patients.
Conclusions: Our study highlights the fact that patients are discerning consumers of interpreter services; and could be effective partners in efforts to reform and enhance interpreter services.

What is already known about the topic?

- Interpreters play a fundamental role in quality of interaction between nurses and limited English speaking (LEP) patients.
- Interpreters can improve or undermine health outcomes for LEP patients.

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- Nurses assume interpreters are providing high quality interpretation.

What this paper adds

- LEP patients are dissatisfied with the quality of interpreter services.
- LEP patients expect interpreters to interpret accurately clinical and emotional messages in a culturally sensitive way in both directions from providers and patients.
- LEP patients perceived lower quality of care due to poor interpretation.

1. Introduction

According to the United Nations (2013), international migrant populations living in developed countries increased from 9% in 2000 to 12% in 2013. Half of all international migrants now live in 10 countries: the United States, the Russian Federation, Germany, Saudi Arabia, United Arab Emirates, the United Kingdom, France, Canada, Australia, and Spain (United Nations Population Division, 2013). Health care providers in host countries will be challenged to become more adept at communicating with culturally and linguistically diverse patients in order to provide optimal care. Because nurses often communicate more frequently and at greater length with patients than other health care providers, they are particularly impacted by this global growth in the migrant populations.

We could only identify a few studies focusing on nurse communication with populations at risk for experiencing language barriers in health care settings. These studies were conducted in several countries including; in Australia (Blackford et al., 1997; Farley et al., 2014), Europe (Bischoff et al., 2003; Eckhardt et al., 2006; Fatahi et al., 2010) and the United States (Lehna, 2004). The studies focused on nurses' use of interpreters (Blackford et al., 1997; Farley et al., 2014; Fatahi et al., 2010; Graham et al., 2010; Gerrish et al., 2004); barriers to using interpreters (Eckhardt et al., 2006; Gerrish et al., 2004; Stewart, 1998), nurses' assessments of the quality of communication using different types of interpreters (Bischoff et al., 2003), and community perceptions of communication with nurses in the context of language barriers (Gerrish et al., 2004). Only a few studies have focused on ethnic minority patients' views of using interpreters during healthcare encounters (Gerrish et al., 2004; Hadziabdic et al., 2009).

The purpose of this study was to examine interpreter service quality as perceived by Hmong- and Spanish-speaking patients with limited English proficiency (LEP) in the United States (US). We used Migration Policy Institute's common accepted definition of LEP: the ability to speak English less than very well (Migration Policy Institute, n.d., p. 1). Simultaneously examining two ethnic groups with limited English proficiency allowed us to explore similarities and differences in their experiences, to learn what might be inherent in patients' experiences interpreter services and what might be specific to individual groups. Understanding US patients' perceptions regarding interpreter quality is the first step, future research from other countries and with other groups is necessary to learn what is common, what is unique to each group or situation because there are universal issues that arise in communication across language barriers regardless of geography or culture.

1.1. Background

Patients who experience language barriers have been shown to receive poorer quality care than patients speaking the native language, contributing to the well documented health disparities experienced by migrant groups (Kirkman-Liff and Mondragón, 1991; Woloshin et al., 1995). Patients who do not speak the same language as their healthcare providers have twice the risk of receiving less than optimal care (Bischoff et al., 2003), fewer medical visits (Marks et al., 1987) and higher costs of care (Hampers and McNulty, 2002).

Several studies from different provider types in this literature have documented the importance of having professional interpreters during a health encounter for improving health outcomes (Flores, 2005; Karliner et al., 2007), patient comprehension (Cheng et al., 2007; Jacobs et al., 2006), health care utilization (Flores, 2005), and satisfaction with communication and clinical services (Flores, 2005; Karliner et al., 2007). However, patients' perceptions of interpreter services have not been well explored. While the presence of interpreter services is clearly a beginning point, understanding how they influence the patient/provider encounter, and the factors associated with high quality interpretation that actually promotes clear and effective communication is vital. This study provides some insights into those factors.

2. Methods

The study reported here used a descriptive exploratory design to identify and examine factors that influence the quality of interpreter services, and ultimately to disparities in receipt of preventive cancer screening among LEP Hmong- and Spanish-speaking patients. We used a combination of focused, semi-structured interviews to explore multiple issues including: (a) general health care experiences; (b) patient understanding of cancer; (c) patient experience with preventive cancer screening; (d); experiences with language concordant care (e.g. when the patient receives care in a language they speak) (e); and interpreter services. This paper focuses exclusively on data related to interpreter services. Manuscripts on the other topics are forthcoming. This study was approved by the Health Sciences Institutional Review Board at the University of Wisconsin-Madison.

2.1. Sample

A convenience sample of 21 LEP patients (11 Hmong-speaking, 10 Spanish-speaking) was recruited for the study. The final sample included 20 participants. One Hmong interview was excluded as the participant was unable to provide information relevant to the project's