Strategies to Improve Healthcare Communication with Non-Native English Speakers: An Evidence to Practice Review

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ABSTRACT

As the number of non-native English speakers in the United States rises, the degree to which some patients understand their healthcare communication is decreasing. It is essential to recognize the areas of limited health literacy to ensure proper patient communication and education are achieved. The guiding systematic review aimed to examine different communication interventions and the reported patient experiences from those interactions. The main forms of healthcare communication interventions used in the study included in-person, telephone, and video call interpreters. Patients have been shown to respond best to in-person interpreters, but using interpreters via telephone or video call was also effective and a suitable option. Athletic trainers could use interpreters via telephone or video call to provide patients with a better understanding of their injury while improving communication between the provider and patient. The clinical bottom line of the guiding systematic review was to provide multiple forms of communication interventions to ensure the best outcome of health literacy for the patient. Athletic trainers and other healthcare providers can advocate for non-native English speakers by creating a healthcare communication policy that includes on-demand interventions such as a translation application or a formal medical interpreter.
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ORIGINAL REFERENCE

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SUMMARY

CLINICAL PROBLEM AND QUESTION

Patient-centered care is defined as care that is respectful of and responsive to individual patient preferences, needs, and values and that ensures that patient values guide all clinical decisions.[1] Using patient-centered principles is essential to provide the best care available for patients, which includes shared decision-making and a holistic approach involving the social determinants of health.[2] The social determinants of health dissect the driving forces behind social, environmental, and behavioral risk factors for poor physical and mental health.[2] One of these factors is information and education, which indicates that patients often express fear that information is being withheld from them and not being completely informed about their condition. Appreciation of some of the social factors that influence health-related behaviors and health status can help clinicians develop more effective treatment plans.[3]

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Proper communication can potentially improve the patient's health literacy, defined as the degree to which individuals can obtain, process, and understand basic health information and services needed to make appropriate health decisions.[4] Increasing patient health literacy can greatly improve overall patient-centered care. Comprehending and fully understanding the information provided can be difficult for most patients; however, the struggle could be magnified for patients and their support systems as non-native English speakers. The United States does not have a federal official language. Still, most states have laws indicating English as the declared language, with more than 20 regional dialects and over 250 million native speakers.[5] Outside of English, the most common languages in the United States include Spanish (43 million native speakers and rising)[6] and Chinese (3 million native speakers). In addition, it is important to note that there are estimates between 250,000-500,000 American Sign Language users in the United States.[7] These data points emphasize the diversity of the languages used throughout the population and the need for providers to meet their needs in terms of communication.

A study conducted in the United States assessed individuals' health literacy, indicating that over one-third of Americans (36%) with below basic or basic health literacy were less likely to get information about their health issues.[8] Unfortunately, healthcare providers in the United States have seen an increase in patients with limited English proficiency. The language barrier may often hinder communication between patients and providers, highlighting the health disparity even further and increasing the chance for poor outcomes. However, it is important to note that using family members, teachers, friends, teammates, or coaches as interpreters can burden a patient's health literacy and possibly compromise private health information.[9] This is also true when asking an injured bilingual patient, specifically a minor at a secondary school, to interpret for themselves back to their non-English speaking support systems (e.g., parents, guardians, caretakers). Limited resources for non-native English speakers across sports can affect their access to healthcare and patient outcomes. Patients need to be able to understand diagnosis, injury instructions, treatment, and therapeutic interventions. The primary clinical question for the guiding systematic review was to examine different communication interventions and the reported patient experiences for individuals with limited English proficiency.

SUMMARY OF LITERATURE

The guiding systematic review authors used MEDLINE, EMBASE, PsycINFO, CINAHL, and the Cochrane Library in their search for the articles used in this review.[10] All articles were published between 2009 and 2020 in English and incorporated a verbal communication intervention.[10] Additionally, studies were included if they met design characteristics for a randomized control trial (RCT) and patient outcomes that were the focus of this study.[10] Studies were excluded if they included deaf or hearing-impaired populations, excluded only written communication interventions, or the study did not report patient outcomes.[10] Data were categorized into five types based on the type of communication support implemented: (1) professional interpretation, (2) audio and visual recording of consultation, (3) bilingual physician aids, (4) translation applications, and (5) written instructions supported by verbal interpretation.[10] Database searches resulted in 4297 studies after eligibility screening, and 23 studies met all the criteria for the systematic review.[10] Of the studies included in the review, 12 RCTs were included, with no blinding achieved in these studies.[10] Five out of the 12 had similar patient characteristics at baseline and clearly recorded outcome measurements.[11-15] There were 11 non-RCTs included in the review.[10] Out of the 11 of the non-RCTs, none had reported multiple measures of outcomes pre- and post-intervention, and only one had clear documentation.[16] Baseline characteristics were similar within only 3 out of the 11 non-RCTs.[16-18] For the 23 included studies, the assessment of methodological quality determined the studies to be of moderate quality.[10]

SUMMARY OF INTERVENTIONS

The guiding systematic review authors included interventions for improving communication for non-English speaking patients receiving care in predominantly English-speaking countries. The two main interventions included either interpreters or translators. **Figure 1** provides a brief overview of the difference between interpreters and translators. Fifteen of the included studies implemented the use of professional interpreters to improve communication. Professional interpreters included in-person interpreters via telephone or via video call.[11,12,14,16,18-27] Two of the included studies reviewed bilingual practitioners communicating with patients in their native languages. Other studies examined the use of recordings to assist in the translation and explanation of procedures. One study implemented the use of *Google Translate* to translate into the patient's native language during primary care visits. Three studies looked at the use of visual and written explanations of medical information. Some studies wrote the information in the patient's preferred language, and others used visual aids such as a pictogram accompanied by an audible explanation.

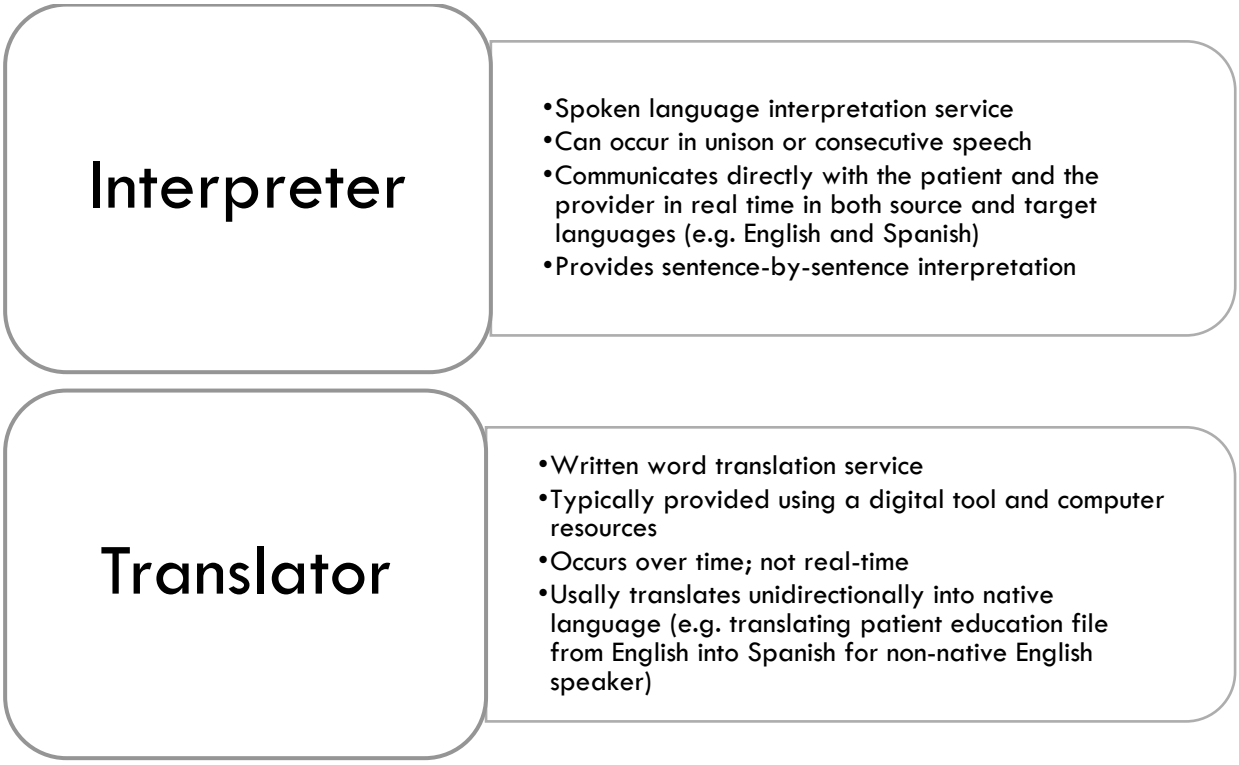

Figure 1. Definition of Interventions

SUMMARY OF OUTCOMES

Twenty-three studies from the United States, Australia, Canada, India, Sweden, Germany, and Qatar were used to evaluate language barriers between patients and healthcare professionals.[11-33] Most language groups included Spanish and Chinese-speaking patients.[11,12,14-16,19,21,23,25,26,29,32-34] The group of researchers evaluated communication in the Emergency Department as well as post-operative rooms,

general hospitals, and birthing suites that used professional interpretation, audio and visual recordings of consultations, bilingual physician aids, translation applications, and written instructions supported by verbal interpretation.[11,12,14-17,19,21-23,29,32] Following the implementation of these methods, the most commonly evaluated patient outcomes were "patient satisfaction" and "patient comprehension."[11-19,23-26,29-33,35] A total of 15 out of the 23 studies had resulted in a preference for in-person interpretation versus video-conference interpretation.[11,12,14,18-21,24,25,27,33] Evaluation of bilingual physicians or bilingual tools used in the clinic also occurred in these studies.

FINDING AND CLINICAL IMPLICATIONS

Patient outcomes were measured as "patient satisfaction" and "patient comprehension." Of the 23 studies, 20 compared patient outcomes between in-person interpreters, interpreters via telephone, and interpreters via video conference. Most patients self-reported being satisfied during their visits based on the knowledge of their diagnosis, treatment, and associated risks. While patients reported being satisfied with video conference interpreters, 82% of patients preferred in-person interpretation over the other, stating video-conference interpretation performed the 'same,' 'worse,' or 'much worse.' However, 98% of participants said they were satisfied with the video-conference encounter. [21,33] When comparing telephone interpretation versus video-conference interpretation, video-conference interpretation was preferred.[21] Most patients who were able to use bilingual tools in the clinic saw increased communication during their visit. The satisfaction of *Google Translate* compared to in-person interpretation proved to be comparable, although the accuracy of translation was not evaluated.[31]

CLINICAL BOTTOM LINE

The lack of formal training for providing care for non-native English speakers could have negatively outcomes as providers have not been educated or know what resources they have available to them for support.[9] Using different communication interventions could be beneficial for non-native English-speaking patients to understand their health and healthcare fully. Implementing different communication interventions, like using a professional interpreter, could be expensive and not as applicable to some athletic training facilities throughout the United States, but potentially beneficial. However, it is important to note the legal and ethical obligation under Title VI of the Civil Rights Act to provide and use a trained interpreter.[36] Based on the findings in the studies, more information regarding the use of interpretation in athletic training facilities is needed. Based on the results from other healthcare settings, it can be assumed that athletic trainers providing care to non-native English-speaking populations or their support systems should use an interpreter to provide the best patient care. If possible, in-person interpreters should be utilized by having them sit next to or behind the patient.[36] The athletic trainer should also speak directly to the patient in the first person rather than with the interpreter.[36] The best practices for integrating a medical interpreter also highlight patient-centered communication, such as speaking in short sentences, asking only one question at a time, avoiding medical jargon, and using a 'teach back' to check comprehension.[36]

However, athletic trainers may not always have access to in-person interpreters and should, therefore, use interpreters via video conferencing or could consider using more nonverbal communication when providing care for these patients. This could maximize health information technology to be able to share information through images and resources.[9] Athletic trainers can advocate for our non-native English-speaking patients by obtaining tools for video-conference interpretation and/or *Google Translate* to ensure that their patients fully understand their health. Obtaining translation tools for non-native English-speaking patients can help enhance the environment in athletic training facilities.[9] Furthermore, it can help demonstrate to patients that the healthcare system does not have to be confusing or difficult to navigate for them or their

families.[9] Knowing a list of common terms in Spanish could be beneficial when you are not able to use a translator. **Table 1** provides a list of common medical terminology with phonetic pronunciations to assist athletic trainers. As seen in the guiding systematic review, the use of bilingual tools can increase communication during patient visits, and having bilingual patient-reported outcomes, sign-in sheets, health history forms, and any other intake forms can help to make the patient comfortable and more receptive to treatment. There are several free tools available, like *Translate* on the Apple App Store and *Google Translate,* that can help when using a videoconference or in-person interpreter is not accessible. Ultimately, improving communication with the patient and others involved in their care is essential to prevent improper care that can lead to poor patient satisfaction and serious injury.[37-40] As we continue to work towards a more patient-centered approach to athletic training, we have to recognize the promotion of health literacy as a risk-reduction technique. The use of resources relative to health literacy for non-native English speakers and for athletic trainers caring for or communicating with non-native English speakers is critical for success with our diverse patient panels.

Table 1. Common Terms and Phrases

Healthcare Terms (English)	Healthcare Terms (Spanish)	Phonetics of Spanish Translation
Surgery	La cirugia	Lah see-roo-hee-ah
Concussion	La concusión	Lah kohn-cuh-syohn
Insurance	El seguro médico	Ehl seh-goo-roh meh-dee-co
Pain	El dolor	Ehl doh-lohr
Fever	La fiebre	Lah fyeh-breh
Hip	La cadera	Lah kah-deh-rah
Dizziness	El mareo	Ehl mah-reh-oh
Inflammation	La inflamacion	Lah eem-flah-mah-syohn
Rehabilitation	La fisioterapia	Lah fee-syoh-the-rah-pyah
Ankle	El tobillo	Ehl toh-bee-yoh
Healthcare Phrases (English)	**Healthcare Phrases (Spanish)**	**Phonetics of Spanish Translation**
Where does it hurt?	¿Donde te duele?	Dohn-deh teh dweh-leh
Point to where it hurts?	¿Señala dónde te duele?	Seh-nyah-lah dohn-deh dweh-leh
Do you take any medication?	¿Tomas algún medicamento?	Toh-mahs ahl-goo-noh meh-dee-kah-mehn-toh
What is your diet like?	¿Cómo es tu dieta?	Koh-moh ehs too dyeh-tah
Is the pain better or worse at night?	¿El dolor es mejor o peor por la noche?	Ehl doh-lohr ehs meh-hohr oh peh-ohr pohr lah noh-cheh
Did you bang/hit your head?	¿Te golpeaste la cabeza?	Teh gohl-peh-ahr kah-beh-sah
He is going to the emergency room.	Él va a la sala de emergencias.	Bah-ah-lah sah-lah deh eh-mehr-hehn-syah
She fractured her wrist.	Se fracturó la muñeca.	Seh-frahk-too-rahr lah-moo-nyeh-kah
Did you get stung?	¿Te picó?	Teh-pee-ko
When did you faint?	¿Cuándo te desmayaste?	Kwahn-doh teh dehs-mah-yahr

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