Use of interpreter services
in a metropolitan healthcare system

CLARE HEANEY AND SHARON MOREHAM

Clare Heaney is a Research Assistant at the Centre for Applied Gerontology, Northern Health.
Sharon Moreham is Executive Officer at Bundoora Extended Care Centre, Northern Health.

Abstract

The purpose of this study was to explore interpreter service utilisation in a Melbourne metropolitan healthcare system. 109 staff members working at the three campuses comprising this healthcare system completed questionnaires. Results reflected an under-usage of professional interpreters and an over-reliance on informal interpreters. A lack of knowledge about interpreter services was related to a lack of formal interpreter use and an increased use of informal interpreters. While the presence of an onsite interpreter coordination service at one of the campuses did not affect the level of familiarity or use of formal interpreters, it was related to a decreased use of informal interpreters. Further promotion and education regarding interpreter services is imperative to ensure that a safe, efficient and equitable service is being provided to all clients.

Communication in health care

Effective communication between a client and a healthcare provider is imperative for accurate diagnosis and treatment (Tang, 1999). This may become a problem when the two parties do not speak a common language. Reports indicate that when basic communication between a client and provider is impossible, the client will not acquire an adequate understanding of their illness and how it needs to be managed. This in turn can lead to complications, ultimately resulting in increased costs for the health care sector (Tang, 1999). It has even been suggested that in emergency situations, a breakdown in communication between the client and healthcare provider can mean the difference between life and death (National Public Health and Hospital Institute, 1995).

Australia is a culturally diverse country and this is particularly true for Melbourne. According to 1996 Census data, over 25% of the population living in metropolitan Melbourne were born in non-English speaking countries. Previous research indicates that those from a non-English speaking background do not receive the same standard of healthcare as their English-speaking counterparts. For example, Tang (1999) argues that non-English speaking background (NESB) clients are at a significant disadvantage when accessing health services due to cultural and linguistic barriers. Similarly, Minas et al. (1994), in surveying clinical psychiatric healthcare staff in Victoria, found that NESB clients received psychiatric health services of an inferior quality and had worse clinical outcomes compared with clients of an English speaking background. Thus, the Melbourne healthcare and hospital system faces a considerable challenge in communicating healthcare needs to patients as a result of language barriers.

This paper examines the current debates around the benefits of interpreter services to healthcare delivery and client outcomes, and the frequency of formal and informal interpreter use. Also presented are the findings of a study that explored interpreter service use in a Melbourne metropolitan healthcare system comprising three campuses, encompassing a large proportion of residents from culturally and linguistically diverse backgrounds.

Interpreter services within the health care sector

The changing healthcare needs of a diverse population have brought interpreter services to the forefront as a priority area for policy formulation (Tang, 1999). It is increasingly acknowledged that interpreters are essential for effective, efficient and reliable communication between healthcare professionals and clients or family members who are not fluent in English (Haffner, 1992). In addition to practical implications for removing language barriers and enhancing the effectiveness of clinical encounters, interpreter services may also prevent institutional liability that may arise as a result of communication problems (Tang, 1999).

Healthcare agencies have made efforts to improve communication for NESB patients through the use of a number of language services. These services can be either formal (ie, provided by trained interpreters), or informal (ie, provided by bilingual people who have no formal interpreter training). Debates around the advantages and disadvantages of these interpreting services and frequency of use raise some important issues that underlie the current study.

Tang (1999) proposes that interpreter services should be viewed as an integral part of the provision of safe and acceptable patient care, rather than as an "add on" service. Formal interpreter services offer trained professionals, well suited for interpreting client and clinician exchanges in the health care sector because they are able to maintain a strict code of confidentiality and are highly skilled (Phelan & Parkman, 1995; Haffner, 1992; Giacomelli, 1997; Tang, 1999). Another important consideration identified is that formal interpreters are often not only bilingual but also bicultural and as such, are able to understand the underlying cultural beliefs and issues of the client (Haffner, 1992). Most notable, however, is their ability to facilitate accurate diagnosis and patient understanding of treatments, increase compliance with medication, offer health promotion and prevention programs, decrease hospitalisation rates by helping to effectively manage illnesses, save health personnel time, and prevent misunderstandings which could result in legal action (Giacomelli, 1997).

However, formal interpreter services are not always used. Many hospitals do not have adequate professional interpreters routinely available due to resource limitations and often rely heavily on the use of informal interpreters such as family members, friends, and hospital staff when communicating with NESB clients (Baker, Parker, Williams, Coates & Pitkin, 1996). On the one hand, clients have been reported to have a high level of satisfaction and comfort when their relatives or friends are used as interpreters (Giacomelli, 1997). In fact, some research shows that the use of friends or relatives as interpreters is advantageous in that these people are usually readily available, have a high level of knowledge about the client's problem and may provide the client with reassurance (Phelan & Parkman, 1995).

On the other hand, many problems have been reported to accompany the use of family and friends as interpreters. As informal interpreters, friends and relatives can be biased, they may try to protect the client from bad news and they are in a position to withhold information regarding treatment side effects in order to increase patient compliance (Phelan & Parkman, 1995). It may also pose difficulties from the client's perspective in that clients may be inhibited from discussing medical conditions of a personal or private nature when a family member or friend is used to interpret (Haffner, 1992; Jones & Gill, 1998). One of the biggest dangers may lie in the fact that many of these informal interpreters may be unfamiliar with medical terminology, and this can lead to clinical misunderstandings and misdiagnoses (Tang, 1999; Giacomelli, 1997).

The other option available in healthcare settings is bilingual staff. The use of bilingual hospital staff members who are not trained as interpreters has also been reported to lead to frequent communication errors between clients and clinicians, similar to those described above (Tang, 1999; Baker et al., 1996). Therefore, just speaking a common language will not necessarily facilitate appropriate communication between health care professionals and their NESB clients. The practice of relying on untrained interpreters can result in frequent errors in translation including omissions, additions, substitutions and condensations of what was said by the clinician and client (Baker et al., 1996). However, Phelan and Parkman (1995) argue that using bilingual staff members who are trained health professionals is ideal as it removes the need for a third party. However, it is important to consider that bilingual health professionals may not always be available and would also be committed to other work routines.

Frequency of interpreter use

Many hospitals do not have salaried professional interpreters routinely available despite the fact that a substantial number of their clients are not fluent in English (Baker et al., 1996). Indeed, the literature appears to suggest that despite the known benefits, professional interpreters are not used consistently by healthcare providers. For example, Baker et al. (1996) interviewed Spanish-speaking clients after a visit to a hospital's emergency department. Results showed that no interpreter was used in 46% of cases in which an interpreter was deemed necessary.

Similarly, in a study exploring cultural services in Victorian psychiatric hospitals, Minas et al. (1994) reported that 52.9% of those surveyed felt that interpreters were available only sometimes or rarely when they were needed.

Although restricted resources and the expense involved with employing professional interpreters have been suggested as reasons for their infrequent use (Baker et al., 1996), other authors have pointed to a lack of knowledge about cultural issues and interpreter procedures among healthcare staff (Tang, 1999; Minas et al., 1994). The importance of in-service education about how to provide healthcare in a multicultural society has been highlighted, as has the importance of training staff in the appropriate use of interpreters (Tang, 1999; Minas et al., 1994; Giacomelli, 1997). A centralised hospital interpreter service which organises intake and dispatch of interpreter services, monitors service standards and provides ongoing staff training, has been proposed as an ideal model for efficient language service provision (Tang, 1999).

Conversely, despite the reported associated shortcomings, evidence suggests that the use of informal interpreters is common practice within many healthcare institutions worldwide. For example, in Switzerland, many of the staff surveyed in psychiatric healthcare services reported using healthcare workers (85%), relatives and friends of clients (85%) and non-medical hospital staff (72%) as interpreters (Eytan, Bischoff & Loutan, 1999). In a Canadian survey of healthcare providers, a variety of alternatives to hospital interpreter services were reported by many respondents including using clients' families and friends (83%), using volunteer interpreters (39%), using staff (44%), and using other clients (60%) (Saldov & Chow, 1994). Kuo and Fagan (1999) examined Spanish interpretation in an ambulatory clinic setting in the United States and also found that 90% of the healthcare staff in their study indicated that they sometimes or frequently used a patient's family or friends to interpret.

This evidence of the frequency with which informal interpreters are used within the healthcare systems around the world is alarming given the shortcomings thought to be associated with such interpreter use, and the recommendation that clinicians avoid making diagnostic decisions based on communication with a client mediated by an untrained interpreter (Eytan et al., 1999). Further, reports that those who use informal interpreters are unaware or unfamiliar with hospital interpreting policies and procedures may suggest that a lack of knowledge among healthcare staff regarding interpreting issues also exists (Giacomelli, 1997). The issue of informal interpreter use needs to be investigated within the Australian health care sector to determine whether it is as widespread as in other countries.

The current study

There is a surprising scarcity of literature exploring the use of interpreter services in the health care sector in Australia. This appears to be an extremely important area given the multicultural nature of the Australian population as well as the acknowledged consequences of inadequate communication in health care.

This study explored interpreter service use in a Melbourne metropolitan healthcare system comprising three campuses. A large proportion of residents living in the catchment area of this healthcare system come from culturally and linguistically diverse backgrounds and as such, the issue of interpreter use is a particularly pertinent one.

The interpreter service models employed at each of the three campuses of the healthcare system differ. All have a certain number of government-funded interpreter bookings available per month that are provided by an interpreting service, and all are able to purchase additional interpreter services through this agency. One of the campuses has an on-site interpreter booking service which is coordinated by a fulltime Interpreter-in-Charge.

The project explored whether knowledge and awareness of particular interpreter services are related to their use. On the basis of previous findings, it was hypothesised that a lack of knowledge about interpreter services would be related to both a lack of formal interpreter use as well an increased use of informal interpreters. To further explore the suggestion by Tang (1999) that an onsite interpreter coordinating service is important for best practice, interpreter service knowledge and use at the campus with the onsite interpreter service were compared with the other two campuses.

Methodology

Participants

A total of 109 participants from a variety of disciplines across the three campuses of the healthcare system completed questionnaires addressing interpreter service issues at their healthcare institution.

Materials

A questionnaire, comprising 12 questions, was designed to obtain information about interpreter issues from staff at each campus. The questionnaires for each campus varied slightly to take into account the differences in interpreter service provision evident at the sites. The questionnaires gave staff the opportunity to provide feedback on the current level of interpreter services and operating methods.

Procedure

Questionnaires were sent to each campus and were distributed among staff members. It was requested that all staff return their completed questionnaire to the Manager of Information Services at their own campus. All questionnaires were then returned to the investigator and responses were coded according to content and analysed.

Results

Interpreter service familiarity

Of the 109 questionnaire respondents, 88% indicated that they were familiar with the interpreter services available at their campus. Most were familiar with interpreter services with individuals (88%) and groups (60%). A smaller proportion was familiar with interpreter assistance with telephone correspondence (42%), written information (24%) and cultural appropriateness training (26%). The majority of respondents (83%) reported that they were aware of how to access interpreter services in their organisation.

Interpreter service use

The majority of respondents over the three campuses reported that they used interpreter assistance with individual clients (90%). Other forms of interpreter services such as assistance with groups (27%), with telephone correspondence (31%), with written information (10%) and cultural appropriateness training (5%) were used far less frequently.

When indicating the factors that negatively effect their use of interpreters, 20% of respondents reported that they prefer to use a client's family or friends, 14% indicated that they prefer to use other bilingual staff members and 21% reported that organising interpreter services takes too long. A number of respondents (14%) reported that there was a lack of protocols and guidelines for interpreter use. A small proportion also indicated that they were unsure how to work with interpreters (7%) or had a lack of training with interpreters (6%).

When questioned as to what they do in situations where a professional interpreter is not available, a large proportion of respondents reported that they use clients' families and friends (71%), bilingual staff members (52%) or attempt to manage without help (46%).

Relationship between familiarity with interpreter services and interpreter use

To determine whether a relationship exists between level of knowledge of interpreter services and subsequent use of these services, a series of Chi-Square analyses were performed. There was a significant relationship between familiarity with interpreter services and knowledge of how to access interpreter services (Fisher's Exact Test, p<.01). Those who reported that they were familiar with interpreter services at their campus were more likely to know how to access these services. Further, those unfamiliar with interpreter services at their institution were more likely to report that a lack of protocols and guidelines for interpreter use negatively affected their use of interpreters (Fisher's Exact Test, p<.01).

As hypothesised, familiarity with specific interpreter services was related to the use of these services. Those who were familiar with interpreter assistance with individuals were more likely to use this service (Fisher's Exact Test, p<.01). Similar patterns were found for interpreter assistance with groups (χ^2=18.7, p<.01), interpreter assistance with telephone correspondence (χ^2=24.92, p<.01), interpreter assistance with written information (Fisher's Exact Test, p<.01) and interpreter cultural appropriateness training (Fisher's Exact Test, p<.01). Additionally, those who reported that they knew how to access interpreter services in their organisation were more likely to use interpreter assistance with individuals (Fisher's Exact Test, p<.01) and telephone correspondence (χ^2=5.56, p<.05). However, this relationship was not replicated for other interpreter services such as assistance with groups, written information and cultural appropriateness training.

Some significant relationships also existed between familiarity with interpreter services at one's own campus and use of informal interpreters. Consistent with expectations, those who reported that they were unfamiliar with their site's interpreter services were more likely to use a client's family or friends to interpret in situations where a professional interpreter was unavailable (Fisher's Exact Test, p<.05). However, no such relationship was found between interpreter familiarity and use of other bilingual staff members or attempts to manage without help.

Differences across campuses

There was no significant difference across campuses in reports of overall familiarity with interpreter services or familiarity with each type of interpreter service. Additionally, there was no difference across sites in terms of formal interpreter use.

However, the use of informal interpreters did differ across campuses. Respondents from the campus with the onsite interpreter coordination service were less likely to report that they prefer to use a client's family or friends to interpret (χ^2=6.97, p<.01). Those working at this campus were also less likely to actually use a client's family or friends (χ^2=7.55, p<.01), other bilingual staff members (χ^2=7.68, p<.01) or attempt to manage without help (χ^2=7.97, p<.01) when a professional interpreter was not available than were those from the other two campuses. Additionally, respondents working at the campus with the onsite interpreter service were less likely than those from the other campuses to report that their use of interpreters was negatively effected by the length of time involved in organising an interpreter (χ^2=7.66, p<.01).

Two other relationships approached significance. There was a trend suggesting that compared to respondents from the other campuses, those from the campus with the onsite interpreter service were less likely to report that a lack of protocols and guidelines for interpreter use negatively affected their interpreter use (χ^2=3.32, p=.07). A greater proportion of those from the campus with the onsite interpreter also appeared to know how to access interpreter services at their organisation (χ^2=2.79, p=.09).

Discussion

Effective health service provision is reliant on good communication between health professionals and clients. Research suggests that professional interpreters are essential in facilitating this communication when the two parties do not share a common language. However, the results of this study, involving a metropolitan Melbourne healthcare system, are consistent with international healthcare studies that have reflected an under-usage of professional interpreters and an over-reliance on informal interpreters.

Overall interpreter service familiarity and use

Overall, respondents reported a high degree of familiarity with interpreter services within their organisations. However, this high level of knowledge appeared to be confined mainly to interpreter use with individuals, with a much lower level of familiarity being reported for other interpreter services. Additionally, the most common interpreter service used across the campuses was assistance with individuals, with the use of other interpreter services being far less frequent. While interpreter use with individuals is likely to be the most common way in which the services are required, these results are also consistent with reports suggesting that despite the known benefits of using formal interpreters, they are often not used consistently by healthcare providers (Baker et al., 1996; Minas et al., 1994; Eytan et al., 1999).

There also appeared to be a high level of informal interpreter use across the healthcare system, with respondents frequently reporting that they use a client's family and friends or other bilingual staff members to interpret, or attempt to manage without help when a formal interpreter cannot be accessed.

This high level of informal interpreter use is consistent with findings from studies conducted in other countries that have indicated that informal interpreter use is common practice in healthcare systems worldwide (Eytan et al., 1999; Kuo & Fagan, 1999; Pochhacker, 2000; Saldov & Chow, 1994). These results are of concern given the frequent errors thought to be associated with the practice of relying on untrained interpreters and reports that such interpreter use can lead to misunderstandings and misdiagnoses (Baker et al., 1996; Phelan & Parkman, 1995; Haffner, 1992; Jones & Gill, 1998; Tang, 1999; Giacomelli, 1997).

Relationship between interpreter service familiarity and use

As hypothesised, the results indicate that familiarity with formal interpreter services is related to their subsequent use. As expected, those who were familiar with the availability of a particular type of interpreter service were more likely to use this service when required. Further, those familiar with interpreter services available were more likely to know how to access these services and were less likely to report that their organisation had a lack of protocols and guidelines for interpreter use. Such findings are in line with reports indicating that the inconsistent use of formal interpreters is attributable to a lack of knowledge about cultural issues and interpreter procedures among healthcare staff (Tang, 1999; Minas et al., 1994).

As well as being associated with a lower level of formal interpreter use, a lack of familiarity with interpreter services was also related to greater use of a client's family or friends as interpreters. This finding is consistent with the idea that those who rely on informal interpreters are often unaware of or unfamiliar with the interpreting procedures of the hospital or healthcare organisation (Giacomelli, 1997). These findings suggest that further promotion and education regarding interpreter services may be useful not only in increasing the use of formal interpreters, but also in warning healthcare staff of the shortcomings of informal interpreter use. Perhaps staff in-services outlining the full range of interpreter services available at each campus, as well as the way in which staff can access these services would be beneficial. Indeed, the importance of staff education and training in cultural issues and in the appropriate use of interpreters has been highlighted by other investigators (Tang, 1999; Minas et al., 1994; Giacomelli, 1997).

Differences in interpreter knowledge and use across campuses

Familiarity with interpreter services and use of formal interpreter services did not differ across campuses. This is surprising, as one would expect that an onsite interpreter service may provide staff with a greater level of training and education regarding the use of formal interpreters. However, this coordination service does not provide any general ongoing staff cultural training and rather, is specifically involved with the organisation of interpreter services when requested. Indeed, the onsite service appeared to facilitate staff access to interpreter services, with those from this campus being less likely to report that the organisation of interpreters was time consuming.

There was a difference, however, in informal interpreter use over the campuses. Those working at the campus with the onsite interpreter service were less likely to use informal interpreters. Thus, while the presence of the onsite service does not seem to effect the use of formal interpreters it may still highlight to staff the importance of avoiding non-professional interpreters. In reducing the use of informal interpreters, the presence of an interpreter coordination service onsite may also reduce the occurrence of the potentially dangerous outcomes thought to arise due to informal interpreter use.

These results offer some support to Tang's (1997) notion that a centralised hospital interpreter service is an ideal model for efficient language service provision. To be even more effective, additional resources may be required to enable the onsite service to offer education to staff regarding the use of formal interpreters in an attempt to increase the use of such services. An onsite interpreter service that could educate staff with the aim of increasing formal interpreter use and decreasing informal interpreter use would go a long way towards establishing effective, efficient and reliable communication between clients and clinicians in the healthcare system.

However, differing levels of service demand could have been another factor that contributed to the varying levels of informal interpreter use across campuses. It may have been the case that the campuses without the onsite service had a greater demand for interpreters and were thus, required to rely on informal interpreters more often. Unfortunately, demand for services was not assessed in this investigation and thus, this possibility cannot be examined. Certainly, such an investigation is warranted in the future.

Methodological issues

Due to the lack of investigations that have explored interpreter services within the health care sector of Australia, it is important that this study be replicated in other healthcare networks across the country. Further, although the current study explored the use of formal and informal interpreter services, the consequences of the use of these services was not explored. Certainly, additional investigation to explore the outcomes of both formal and informal interpreter use may provide further evidence of the importance of raising awareness about interpreter services and effective communication in the Australian health care sector. An objective analysis of how effective formal interpreter services are is also important. Finally, the current study did not assess demand for interpreter services over the three campuses and it is important that this be explored in the future.

Conclusion

The current study has replicated previous international studies by highlighting the frequent use of informal interpreters in an Australian healthcare system. A lack of knowledge about available interpreter services was related to a lack of formal interpreter use and an increased use of informal interpreters. This finding highlights the importance of promoting interpreter services within the Australian health care sector and educating staff about the potential dangers of informal interpreter use. While the presence of an onsite interpreter coordination service did not effect the level of familiarity or the use of formal interpreters, it was related to a decreased use of informal interpreters.

With additional resources to provide further staff education, such onsite interpreter services could be very effective in establishing an adequate level of communication between healthcare recipients and staff. Further investigation of the use of interpreters in the Australian health care sector is imperative to ensure that a safe, efficient and equitable service is being provided to all clients.

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