Background

- The importance of trained interpreters for ensuring adequate communication with FLS patients is well-established.
- However, health professionals continue to rely on ad hoc interpreters, such as bilingual employees or patients’ relatives.
- This is worrisome because these strategies have been shown to be associated with poor quality health care.

Methods: the earlier survey (NRP 51, in 2004)

- Objective: Examine attitudes and practices related to healthcare interpreting of HUG staff.
- Design: Mailed, self-administered questionnaire.
- Setting and participants: Geneva University Hospitals; 11 depts.
- Outcome measures: assessment of quality of interpretation provided.

Results: in a nutshell

- Reliance on client relatives and bilingual employees for linguistic assistance.
- The frequency of use of professional interpreters varied according to language.
- This behaviour is further reinforced by the fact that respondents consider the quality of interpreting provided by ad hoc interpreters to be “good enough”, even while recognizing the quality differential between trained and untrained interpreters.

Assessment of quality of different types of interpreters

<table>
<thead>
<tr>
<th>Language</th>
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<tbody>
<tr>
<td>Tamil</td>
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<td>Albanian</td>
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<td>Bosnian</td>
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<td>Portuguese</td>
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<td>Spanish</td>
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<table>
<thead>
<tr>
<th>Quality</th>
<th>Professional</th>
<th>Untrained</th>
<th>Bilingual S</th>
<th>Relatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td>0%</td>
<td>1%</td>
<td>2%</td>
<td>13%</td>
</tr>
<tr>
<td>Satisfactory</td>
<td>6%</td>
<td>14%</td>
<td>31%</td>
<td>57%</td>
</tr>
<tr>
<td>Good</td>
<td>32%</td>
<td>37%</td>
<td>60%</td>
<td>23%</td>
</tr>
<tr>
<td>Excellent</td>
<td>42%</td>
<td>7%</td>
<td>3%</td>
<td>5%</td>
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</table>
Results: Opinions regarding the impact of interpreter services

- Respondents had a positive attitude regarding the impact of these interpreters on health care quality and on immigrants’ social integration.
- 100% felt that patient-provider communication was improved when professional interpreters were used.
- 76% thought they helped reduce conflicts with patients.
- 90% thought that professional interpreters helped them to better understand their patients.
- 94% felt they helped them to more effectively communicate instructions to patients.

Discussion: Organisational routines

- Professional interpreters are called in only after other strategies have failed, due to cost concerns but also because of scheduling difficulties.
- Clinicians are often more comfortable calling on a bilingual staff member than organizing an appointment with a professional interpreter.
- This is especially true in departments that do not have a strong “service culture” emphasizing the importance of professional linguistic assistance for health care quality and safety.
- A recent study by Greenhalgh (2006, 2007) points to the challenges involved in incorporating interpreter-assisted consultations into existing organisational routines.

Discussion: Need for higher level policies and standards, e.g.

- In the USA, Federal requirements related to the provision of culturally and linguistically appropriate services.
- CLAS « National Standards on Culturally and Linguistically Appropriate Services »
- Joint Commission on Accreditation of Healthcare Organizations.
- In EU, the “Migrant Friendly Hospitals” (now WHO-HPH TF-MFCCH) project.
- In the NL, the MOH has forbidden the use of non-professional interpreters, and health care workers who do so can be sued.
- In CH: the Swiss Network of Health Promoting Hospitals, a newly developed set of standards were announced for the provision of linguistically and culturally appropriate care.

Conclusion

- Simply making professional interpreter services available to health care professionals is not enough.
- Future efforts should focus on
  1. linguistic assistance strategies that are responsive to provider and institutional contexts and constraints,
  2. institutional directives to ensure use of qualified interpreters for all medically important communication with FLS.

Key message

- As populations become increasingly diverse, priority needs to be given to developing these three procedures.
- Only then will hospitals be able to ensure high quality, patient-centred care for all patients.