Assessing Physicians and other Healthcare Professionals’ Awareness of Language Resources and the Feasibility of Setting up a Volunteer Second Language Database at a Family Health Team and Outpatient Clinic

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ABSTRACT
Objectives: 1) To assess the awareness of healthcare professionals in resources available to assist patients encounters challenged by language barriers, 2) To explore the feasibility of implementing a voluntary Second Language Database (SLD) comprising of the outpatient clinic’s very own physicians and healthcare professionals to assist with patient encounters facing language barriers.

Methods: This was a feasibility study (cross-sectional design), taking place at the Stonechurch Family Health Centre (SFHC), which is a family health team (FHT) located in Hamilton, Ontario. SFHC has a patient population of over 17,000 patients. All personnel at the SFHC were invited to complete the survey from December 2010 to March 2011. Those surveyed included staff physicians, residents, allied healthcare professionals and administrative staff. The outcome measures included: participant demographics, frequency and percentages of patients encounters with language barriers, healthcare professionals’ awareness of available interpretive resources, ability of the participant to communicate in additional languages, participants’ willingness to enlist for a SLD to provide interpretive assistance during patient encounters.

Results: Of the 100 participants invited to take part in the survey, 67 completed it (67% response rate). Of the physicians who completed the survey, 94.6% reported having encountered language barriers during patient encounter within the past 12 months. Additionally, 71.1% of physicians surveyed were unaware of any available resources. The majority of physicians (86.8%) thought a SLD would be helpful, and 66% of doctors able to speak a second language were willing to take part in the SLD to assist colleagues in linguistic encounters. All of the surveyed International Medical Graduates/Doctors (IMGs/IMDs) (N=6), knew a second language, with 4 being fluent in additional languages. All of the surveyed IMG’s were willing to volunteer for the SLD.

Conclusions: To our knowledge, this is the first study to specifically explore the physicians’ ability and willingness to volunteer and assist colleagues in linguistic encounters. Physicians were largely unaware of the available resources to overcome patient encounters with language barriers. Given the frequency of healthcare professionals possessing a second language and their willingness to take part in a SLD at outpatient clinics and FHT settings, this may indeed be a feasible proposal to address patient linguistic barriers. IMGs/IMDs tend to possess multiple languages and may have had previous experience interacting with patients in languages other than English. This, along with their willingness to assist colleagues during such patient encounters enables them to serve as a vital resource for Canadians with language barriers.
INTRODUCTION

Canada is often referred to as a land of immigrants. Over 20% of Canadians speaks languages other than English or French. A 2007 survey by Statistics Canada had found immigrants listed language barriers as their primary barrier in Canada. Recent immigrant and refugee health initiatives, such as the McMaster University’s Kurdish Community Health Worker Project, have also identified language as a significant barrier to the provision of care. These initiatives have highlighted the benefits of utilizing health workers able to communicate with refugees/immigrants in their native language and to provide support during various tasks, including: offering interpretive services during patient encounters, completing medical forms and post-visit instructions of medical prescriptions, assisting newcomers in finding a family physician.

Most commonly, patient encounters with language barriers are facilitated by the patient’s own family members, who vary widely in age, relationship to the patient, medical knowledge, and language skills themselves. Therefore, the quality, nature and reliability of the translation are of variable utility. Informed consent would be difficult to attain. Moreover, such patient encounters are fraught with confidentiality issues as patients may prefer not to share personal and health details with family members. Common examples seen in practice involve young sexually active females unwilling to share personal details if the translator happens to be her father or another family member; patients may also feel ashamed to discuss mental health issues when a family member is translating. This may prevent such patients from seeking appropriate medical attention when needed.

There are other challenges involving language barriers and the healthcare system; a study conducted by the University Health Network in Toronto found patients with limited English proficiency remained hospitalized for longer (from 0.7 to 4.3 additional days) for several medical conditions (unstable coronary syndromes, chest pain, coronary artery bypass grafting, stroke, diabetes mellitus) when compared to English-proficient patients hospitalized for the same condition. Clearly, this can unnecessarily burden the healthcare system.

Resources to help with language services are either not easily accessible or expensive to utilize. A recent Canadian study found parents of Chinese or South-Asian descent whose children were undergoing cancer treatment reported patient interpretation services to be “sometimes inadequate or not accessible”. In an incident reported in the Ottawa Citizen (April 2012) Manitoban physicians had only an eight-year-old boy to act as the translator during an interaction with his mother who had delivered stillborn twins. The interpretation ceased prematurely when the boy broke down in the emotional atmosphere.

The few existing resources available in the community have their limitations; Private and telephone interpreter services are costly to implement. There are not-for-profit and non-governmental organizations that receive government funding to provide interpretive services, such as the Settlement and Integration Services Organization (SISO) in Hamilton, Ontario. However, physicians/health institutions still had to pay for utilizing interpretive services through SISO. Additionally, this organization recently went bankrupt and closed its doors to the thousands of immigrants to whom it provided assistance. The College of Physicians and Surgeons of Ontario (CPSO) website is another resource that enables refined searches of physicians in each province and the languages they possess. Ironically, this website is only accessible in English, making it difficult to utilize for someone not proficient in English or computers.

Among its sizable population of recent immigrants and refugees, Canada also welcomes healthcare professionals from other countries (termed International Medical Doctors or Graduates – IMD/IMG). Given their background, these IMG’s are often capable of communicating in a second language and have had experience interacting with different cultures. They may also serve as a possible solution to assist with linguistic encounters. However, the utilization of healthcare professionals for language interpretive services would depend on their willingness of physicians to participate as well as the implementation of a system that documents the languages known by specific physicians and is easily retrievable.

METHODS

This was a feasibility cross-sectional design study involving healthcare professionals and administrative staff at the Stoneychurch Family Health Centre (SFHC), a family health team clinic based in Hamilton, Ontario. The SFHC currently serves a patient population of over 17,000. The city of Hamilton has a population of over 500,000, with approximately one in four residents being recent immigrants or refugees. All members of the SFHC clinic were invited to complete the survey (n = 100), consisting of staff physicians, visiting specialist physicians, family medicine resident physicians, nurse practitioners/nurses, clinical assistants, allied health, administration and information technology (IT) staff.

The investigators designed a self-administered questionnaire specifically for the purpose of this study. This survey utilized a combination of questions that asked the participant’s position at the family health team (staff physician, resident physician, nurse, administrative staff, etc.), their years of work experience, whether or not they have experienced patient encounters with language barriers, and willingness to utilize/volunteer for such a SLD. Frequencies and percentages for each question were then calculated after the completed surveys were returned.
Feasibility of Setting up a SLD at an Out-Patient Clinic

The feasibility of a SLD was also discussed during the survey by asking physicians and other staff whether they spoke a language other than English and if they were willing to assist colleagues when facing language barriers with patients. Those able to communicate in a second language, and willing to participate would then be added to an electronic database, which included their name, position at the clinic, languages spoken and contact information. This database would then be made available as an internal document (as a hardcopy document or an electronic document accessible via the out-patient clinic’s electronic medical record (EMR) system). The database would then be made accessible to the clinic staff as required during a linguistic encounter. The database would be updated annually to reflect clinic staff turnover.

RESULTS

Sixty-seven healthcare professionals and employees at the clinic completed the survey, reflecting a 67% response survey. Of the respondents, 12 were staff family physicians, 25 were family medicine residents, one visiting specialist physician, 20 allied health professionals and clinical assistants, and 10 non-clinical personnel (comprising of administrative staff and IT staff) (Figure 1). The majority of staff physicians that completed the survey had >10 years of work experience (83.3%), while 85% of allied health professionals and clinical assistants had more than 5 years of work experience.

Figure 1. There was a limited trend noted for years of clinical experience and being exposed to patient encounters with language barriers (Figure 2). All but one physician (staff or residents) stated having patient encounters with language barriers in the past 12 months (97.4%). Of the 38 physicians, 23 (60.5%) felt that patients should make their own arrangements regarding the presence of an interpreter during clinic visits.

Awareness of Resources to Assist with Language Barriers

Overall, 52 of the 67 respondents (77.6%) were unaware of any resources available to assist with language barriers. Of the 38 physicians, 27 (71.1%) and more specifically 76% of resident doctors were unaware of available language resources. The resources that were known to the physicians included SISO (no longer active), community interpreters, real-time telephone translation services, and the use of online resources such as Google Translate (to assist with quick and short phrases).

Second Language Database

Of the 67 respondents, 28 (42%) knew a second language, with 25% being versed in additional languages. Amongst the physician respondents, 21 (55%) knew a second language. Overall, the members of the clinic knew a total of twenty-seven different languages (Figure 3). When asked about the usefulness of a second language database, the majority of all physicians (86.8%) felt that such a database would be helpful. Moreover, 14 of the physician respondents (66%) proficient in a second language were willing to volunteer for the SLD program. Further details by group are provided in Table 1.
TABLE 1. Responses specific to groups pertaining to setting up a Second Language Database and awareness of language service resources

<table>
<thead>
<tr>
<th></th>
<th>Staff Family Physician (N=12)</th>
<th>R1 Resident (N=12)</th>
<th>R2 Resident (N=13)</th>
<th>Other Healthcare Professionals* (N=23)</th>
<th>Administration and IT staff (N=7)</th>
<th>% of total respondents (N=67)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness of language services resources (yes)</td>
<td>41.60%</td>
<td>16.60%</td>
<td>30.80%</td>
<td>17.40%</td>
<td>0%</td>
<td>22.40%</td>
</tr>
<tr>
<td>Know a Second Language</td>
<td>50%</td>
<td>50%</td>
<td>61.50%</td>
<td>26.10%</td>
<td>28.60%</td>
<td>41.50%</td>
</tr>
<tr>
<td>Perceived usefulness of SLD (strongly agree/agree)</td>
<td>75%</td>
<td>83.30%</td>
<td>100%</td>
<td>65%</td>
<td>85.70%</td>
<td>79.10%</td>
</tr>
<tr>
<td>Willingness to volunteer for a SLD (n=28)</td>
<td>50%</td>
<td>83.30%</td>
<td>62.50%</td>
<td>66.70%</td>
<td>100%</td>
<td>67.90%</td>
</tr>
</tbody>
</table>

Note: SLD=Second Language Database
* Other Healthcare Professionals includes visiting specialist physician, allied health staff and clinical assistants.

Second Languages Listed (Alphabetical Order)

1. Afrikaans
2. Albanian
3. Arabic
4. Chinese (Cantonese and Mandarin)
5. Croatian
6. Dari (Afghani Dialect)
7. Dutch
8. Farsi (Persian)
9. Flemish (Dutch Dialect)
10. French
11. German
12. Gujarati
13. Hebrew
14. Hindi
15. Hungarian
16. Italian
17. Macedonian
18. Malayalam
19. Marathi
20. Malayalam
21. Romanian
22. Russian
23. Serbo-Croatian
24. Sign Language (Basic)
25. Slovenian
26. Spanish (Basic)
27. Urdu
28. Portuguese
29. Russian
30. Spanish
31. Tamil
32. Telugu
33. Urdu

DISCUSSION

As far as we know, this is the first study to explore physicians’ ability and willingness to assist colleagues in linguistic encounters. The majority of healthcare professionals surveyed were unaware of available language support resources. This could be due to a lack of education on the existing resources, in particular amongst resident physicians. The dissemination of this information during medical school or residency training, and through continuing medical education (CME) courses could increase awareness and access amongst physicians with the end goal being improved patient care. This would be of particular importance in the care of vulnerable populations, such as refugees and immigrants. Poor awareness may also reflect limitations in the actual resources available and the lack of financial coverage to utilize these resources. For example, outpatient clinics and FHTs currently do not receive governmental funding to assist with the use of translators/interpreters. The associated expense of these services could dissuade the healthcare professionals from using them or educate colleagues about their existence.

Newcomer, refugee and immigrant organizations that offer language services through professional interpreters often charge physicians/institutions for utilizing their services. Physicians then revert to the strategy of asking patients to make their own arrangements. This was in keeping with our finding that 60% of the surveyed physicians strongly agreed/agreed with the statement “Patients should make their own arrangements/bring their own interpreter when visiting the clinic”. Indeed, a Canadian Family Physician article (1976) echoed this sentiment of ‘shared responsibility’, where family physicians stated their expectations of new immigrants to learn English or French. Since then, the availability of resources to assist in learning of the English and French languages have increased and one can even access numerous online courses and resources as well. However, given the large number of immigrants entering Canada annually, not all of them may have the ability or opportunity to utilize
these options. One such example is the Language Instruction for Newcomers (LINC) Program, funded by the government of Canada that teaches free basic English or French to new immigrants. However, this program is not available in all provinces and a recent evaluation of the program noted dropout rates of 20-25% in certain regions.

Feasibility of Implementing a SLD

The majority of the current survey respondents offered positive feedback about the utility and feasibility of implementing a second language database using a FHT’s own healthcare staff. The majority of surveyed physicians and staff able to communicate in a second language were willing to volunteer for the SLD and assist colleagues. Initiating an internal SLD within the clinic or FHT has the advantage of being more feasible considering the demanding schedule of physicians that would otherwise make it challenging to utilize prompt assistance required during a patient encounter. Similarly, the SLD serves the dual purpose of identifying languages known by each physician so as to be able to assign new patients with anticipated language barriers to specific physicians who can communicate in that language. Additionally, in response to the study indicating shorter hospital stays for patients proficient in English, further research would be warranted to assess whether the presence of in-house healthcare interpreters would provide any reduction in the duration of the patient hospital stay.

Healthcare professionals are uniquely positioned to provide interpretive support as they are well-versed in medical terminology and the medical system at large, thus providing an advantage over ad hoc/non-professional interpreters such as family members. Yet there is the concern that the majority of healthcare professionals do not have formal training as interpreters. Studies indicate that interpretation errors occur least often in healthcare settings when utilizing professional interpreters. For that matter, continued advocacy for funding and provision of professionally trained interpreters who are well-versed in medical terminology is warranted. However, given the scarcity of resources and limited funding, physicians and other healthcare professionals may serve as an acceptable alternative. Healthcare professionals would be able to serve as unbiased bridges between the physician and patients while maintaining patient confidentiality within the circle of care.

CONCLUSION

Canada continues to welcome significant number of immigrants/refugees each year. Many find language barriers to be a significant barrier in accessing healthcare services. Ideally, governments should invest in unbiased, independent and professionally trained interpreter, well versed in medical terminology and able to assist with patient interactions at no or minimal cost to the patient or physician. However, current resources are limited, expensive and there is poor awareness of their existence among healthcare professionals. The current study suggests that in the absence of professional interpreters, a voluntary reservoir of healthcare professionals may be called upon to alleviate language barriers in patient encounters. IMGs/IMDs are also a valuable reservoir of foreign language mastery, with firsthand ethnic and cultural familiarity with patients. Medical school and residency training programs as well as continuing medical education programs pertaining to language support services could raise awareness and utilization of these resources among practicing physicians and residents, in the hope of optimizing patient outcomes.

ACKNOWLEDGEMENT

We would like to thank Ricardo Angeles for his assistance during the formulation of the survey form and with the statistical analysis.

REFERENCES

Author Biographies

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