

# Improving Physician-Interpreter Communication Strategies Within Toronto Hospitals: a preliminary environmental scan

Research Article

Roohee Parmar, BScH, MSc Global Health, McMaster University

## Abstract

Ineffective physician-interpreter communication strategies contribute to the underutilization of interpreter services within hospitals. Using an environmental scan, the present study will provide support for the need to update such strategies within the region of Toronto. A SWOT analysis lends support for a current window of opportunity to implement novel strategies based on patient needs.

## Introduction

Foreign-born Canadians, immigrants, and refugees face the impossible task of navigating Canada's healthcare system due to language barriers. Specifically, a study conducted by Sears, Khan, Ardern and Tamim revealed that while 265 335 Ontarians do not speak the national language - English or French - merely 3.76% of physicians are able to speak the most popular unofficial languages: Punjabi, Chinese, Italian, Portuguese and Spanish. As a result, non-English speaking patients search for culturally similar physicians or simply rely on family members to act as translators during medical appointments - an ethical issue which elicits bias and privacy concerns.<sup>1</sup>

However, it is imperative that adequate interpreters are utilized as language barriers may result in: misdiagnoses, decreased compliance concerning treatment and consultations, decreased patient satisfaction, and lower screening rates for preventative testing.<sup>2</sup> While preexisting interpreter services are available within the Toronto area, they are severely underutilized due to potential logistical errors and accuracy.<sup>3</sup>

In an attempt to alleviate such issues, the Toronto Central Local Health Integration Network (TC LHIN) implemented Language Services Toronto (LST), a "real time" program used to increase accessibility to over 170 languages through 24/7 over-the-phone interpreters.<sup>4</sup> An evaluation

conducted by the Centre for Research on InnerCity Health found that usage rates differed, with varying organizations failing to utilize the services at all.<sup>4</sup>

## Methodology

A SWOT analysis will inform the present study in order to support the need for improved use of interpreter services by physicians in Toronto hospitals.<sup>6</sup> An environmental scan, comprised of both internal and external scans, involving strengths and weaknesses, as well as opportunities and strengths, respectively; will provide an examination of the factors currently restricting and/or providing a window of opportunity for the implementation of updated physician-interpreter communication strategies.

## Results

### Strengths

The Syrian Refugee Intake Tool, an alternative method used to decrease wait times in lieu of interpreters, is used at the refugee clinic at Women's College Hospital. However, it is specific to Syrian refugees rather than non-English speaking immigrants as a whole. Thus, it is inferred that interpreter services are still relevant and in demand in areas like Toronto due to the large number of immigrant populations.<sup>7</sup> Currently, best practices are available at hospitals such as

Hamilton Health Services where toolkits and resources are available online.<sup>8</sup>

Since over 140 languages are spoken in Toronto, hospitals' interpretive services require a necessary change to accommodate the needs of patients.<sup>9</sup> Furthermore, these hospitals often hold strong reputations and commitments to underserved, marginalized, and culturally diverse populations such as the Centre for Addiction and Mental Health.<sup>10</sup>

In addition, reports have found that LST is already well-received by physicians.<sup>4</sup>

### Weaknesses

Disrupting the status quo through the addition of communication within concrete guidelines for interpreter involvement may be necessary for improved physician-interpreter communication. For instance, an internal conflict persists within physicians concerning what should be done versus what could be done in a given medical situation.<sup>5</sup> According to a study conducted by Parsons, Baker, Smith-Gorvie and Hudak (2014), physicians either 'got help' from interpretation services or 'got by' using their own judgement based on: availability of time, access to and efficient use of interpreter services, and "acuity of the clinical situation."<sup>5</sup> However, they reported anxiety and commented that such an approach was "less-than-ideal."<sup>5</sup>

Changing the decision-making process for physicians may prove to be difficult due to power dynamics, habits, and the hierarchical medical structure.<sup>11</sup>

### Opportunities

Improving physicians' use of interpreter services within downtown Toronto is ideal as immigrants, minorities, and refugee populations are geographically prominent within the area and in need of such services.<sup>12</sup>

The current political climate creates a sense of urgency concerning the implementation of communication strategies to decrease barriers to interpreter services. Specifically, between

November 4th, 2015 to February 29th, 2016, it is estimated that 25,000 Syrian refugees were resettled in Canada. As of January 2, 2017, that number climbed to 39 671.<sup>13</sup> As a result, interpreter services are timely. For instance, due to the influx of refugees, newspapers have cited that "the demand for interpreters outstrips their numbers," thereby promoting the need for inter-preters.<sup>7</sup>

### Threats

One of the largest issues is the cost of interpreter services for medical facilities. Although, it is currently affordable, the pricing may change depending on the type of service being used: in-person, phone call, or the use of specialized equipment for interpretation.<sup>14</sup>

In addition, the culture of medical hierarchies may persist and continue to restrict physician-interpreter relations and communication. Dr. Bruce K. Berger, a Public Relations expert, alludes to the maintenance of hierarchies as a result of knowing "...what needs to be done to create cultures for communication, but too many organizations just don't do it. They fail to move from knowing to doing."<sup>15</sup> Active change is needed to disrupt medical hierarchies in order to rebuild a collaborative environment.

### Discussion

The SWOT analysis provides insight into the types of strategies that may be implemented based on the emergent theme of ineffective communication and barriers to care. Physicians would comprise the primary stakeholders, while the secondary stakeholders are non-English speaking patients and frontline medical staff. The Board of Directors for the corresponding Toronto hospitals also need to be involved in order to approve the changes to communication strategies.

Supplementary communication strategies may be needed for frontline staff members as research has found that they act as 'gate-keepers' to physicians.<sup>15</sup> Therefore, a culturally sensitive communication strategy is imperative among

frontline staff to ensure patient satisfaction and compliance.<sup>15</sup> In turn, the increase in communicative efforts among frontline staff, could provide immigrant patients with the awareness that such translation tools are available, thus, bolstering the demand and utilization of such services.

This provides an opportunity to ensure physicians communicate with interpreter services and increase use as well as ensure that front-line medical staff are better equipped with the proper training to interact with immigrant patients while they await the arrival of interpreters.

It is critical to promote two-way physician-interpreter communication through a common 'language:' patient-centered care. Ultimately, this may lead to a sense of trust in their 'teammates' and maintained engagement in intra-hospital communication. Furthermore, their increase in communicative efforts would provide immigrant patients with the awareness that such translation tools are available, thus, bolstering the demand and utilization of such services.

### Conclusion

The utilization of interpreter services is instrumental in improving health outcomes and barriers to care among non-English speaking patients. The present environmental scan provides support for the implementation of an updated physician-interpreter communication strategy targeting Toronto hospitals.

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