Overcoming Language and Cultural Communication Barriers

Communication is a critical element of patient safety and quality care. Addressing communication barriers is also an important component of an organization’s safety strategy and risk management activities, and is often a legal requirement. Language access services, including interpreters, translators, using written materials or communication boards, and using sign language in the most frequently encountered languages, are essential to meeting many of the communication needs encountered by health care organizations. The benefits of including language access services in health care settings include increased access to health care, more preventive health activities, higher quality care, increased patient satisfaction, and ensuring appropriate resource utilization.

In order to execute the most effective and wide-reaching language access services, many experts suggest that the first step in addressing communication barriers in health care facilities is to assess the language and communication needs of the population served. For example, St. Vincent’s Hospital in Manhattan has made efforts to bridge language barriers, using Asian artwork, food, signs, and Chinese staff to cater to the population living in nearby Chinatown. The implementation of language access services that concentrate on the population’s language and culture has been proved very successful in this instance. Indeed, picture boards and other low-tech tools help in facilitating communication in all medical settings, including but not limited to ambulances, hospitals, emergency rooms, and health clinics. Many U.S. residents do not speak proficient English, and such tools bridge the communication gap.

In addition to using alternative, low-tech tools, health care facilities can also utilize trained interpreters and translators to mitigate language and cultural barriers. Grace Plaza of Great Neck Comprehensive Care Center’s language bank program, which uses staff members and volunteer interpreters to communicate with patients and family members who do not speak English, is an interesting example of this approach. Before the program was implemented, the medical center used language boards with pictures and symbols to communicate with patients. The new language program uses a schedule showing when staff members who speak foreign languages are available to interpret, and employment applications include questions regarding prospective staff members’ foreign language skills. The example of the language bank program exemplifies that using interpreting services in medical establishments enables patients to communicate their questions and needs to physicians and staff more effectively. Trained interpreters can also effectively convey messages regarding diagnosis, treatment, and payment options to patients to avoid communication errors and misunderstandings.
The following articles provide additional clues to ways to overcome language and cultural barriers to patient: provider communication:

http://www.hemonctoday.com/article.aspx?rid=23725

Emily Shafer advocates the importance of doctor-patient communication throughout the diagnosis, treatment, and recovery processes in order for health care professionals to provide quality care. She examines Walter Baile’s (a doctor and professor of behavioral science and psychiatry) claim that it is essential for doctors to understand their patients’ emotions, as well as their own, when discussing diagnoses and treatment options. The author discusses various programs that train physicians, nurses, and social workers to relay difficult messages to patients, enhancing their necessary communication skills.


The article discusses the importance of reducing language barriers for people with limited English proficiency (LEP) in health care settings, for two reasons: to promote safe, high-quality care and to comply with legal requirements. The next section addresses how to reduce language barriers by recommending that health care facilities assess the language and communication needs of the population they serve to execute the most effective and wide-reaching services. Such language services may include hiring interpreters, using written materials or communication boards, or using sign language in the most frequently encountered languages. The last section provides a list of resources to help organizations improve their language access services.

http://www.omhrc.gov/Assets/pdf/Checked/HC-LSIG.pdf

The introduction to this guide addresses the importance of language access services (LAS) for limited English proficient (LEP) patients in health care organizations. The
author illustrates several benefits of LAS, including increased access to health care, higher quality care, increased patient satisfaction, and ensuring appropriate resource utilization. The Office of Minority Health issued the National Standards for Culturally and Linguistically Appropriate Services in Health Care in 2000 to address existing inequalities in health care services. These standards are categorized into three categories: culturally competent care, language access services, and organizational supports.

http://health.usnews.com/usnews/health/articles/060709/17cult.htm

Fischman uses St. Vincent’s Hospital in Manhattan to exemplify a health care facility that has made efforts to bridge language and cultural barriers, using Asian artwork, food, signs, and Chinese staff to cater to the population living in nearby Chinatown. The author cites examples of communication errors in medical centers to show how using untrained bilingual people to interpret for patients can result in major communication problems among patients, families, and medical staff. The article also discusses AnMed Health Medical Center’s forty-hour course on medical interpreting, which trains interpreters to effectively convey messages regarding diagnosis, treatment, and payment options to patients to avoid communication errors and misunderstandings.

http://findarticles.com/p/articles/mi_m3830/is_n3_v47/ai_20891672

The author discusses Grace Plaza of Great Neck Comprehensive Care Center’s language bank program, which uses staff members and volunteer interpreters to communicate with patients and family members who do not speak English. Before this program was implemented, the medical center used language boards with pictures and symbols to communicate with patients. The new language program uses a schedule showing when staff members who speak foreign languages are available to interpret, and employment applications include questions regarding prospective staff members’ foreign language skills. The article argues that using interpreting services in medical establishments helps enable patients to communicate their questions and needs to physicians and staff more effectively.

The author describes the University of North Texas’s master’s degree program in Public Health, which has a concentration in Health Interpreting and Heath Applied Linguistics (HIHAL). Students in the program must have an interest in studying language barrier problems and must be proficient in speaking and writing English and Spanish. They are required to complete 200 hours of interpreting at health care provider sites and will be qualified to work as health interpreters or conduct research after completing the degree. The program is intended to train students to provide better health care to minorities, specifically to the growing Spanish-speaking community.


This article illustrates the importance of picture boards in facilitating communication in all medical settings, including but not limited to ambulances, hospitals, emergency rooms, and health clinics. Many U.S. residents do not speak proficient English, and the author advocates using the boards to bridge the communication gap, especially since 48% of hospitals treat patients with limited English every day. The article concludes by explaining the origins of picture boards and showing how people with communication difficulties can use them to get help during emergencies and disaster drills.


This report illustrates how Limited English Proficiency (LEP) patients often become frustrated and feel isolated in hospitals when they do not understand their primary caregiver’s language and cannot read signs. According to Hablamos Juntos, a national program working to eliminate language barriers and improve the quality of health care, LEP patients are often unaware of services available to them, are unable to communicate with health care staff, and suffer from more frequent medical errors. The report explores the history of symbol usage and discusses how using standardized symbols in health care settings can improve communication between caregivers and their patients. JRC Design, under the direction of Hablamos Juntos, developed recommendations for signage materials in health care settings that can be understood
by patients regardless of their country of origin, primary language, or education level.


A University of California, San Francisco (UCSF) research team from the Center for Vulnerable Populations developed a simple tool that can be used in health care settings to improve communication between doctors and patients about taking medication. The communication tool is a computer-generated weekly calendar with color images of the medication the patient takes each day, combined with written instructions in the patient’s native language for how to take it. This communication tool is called a Visual Medication Schedule (VMS), and its main purpose is to reduce misunderstandings about prescribed medications, which are most common in people with limited literacy skills, memory problems, and those who do not understand English.


The research team conducted a study from June 1, 1995 to May 31, 1997 in four health centers in Massachusetts to assess two groups of non-English speaking patients: one constituted the interpreter service group and the other was a comparison group whose members did not receive interpretation services. After two years of studying 4,499 patients, the authors found that emergency department costs increased among the comparison group and decreased among the interpreter service group. The cost of primary care was more expensive for the interpreter service group because interpretation services cost $279 per patient for one year. However, the researchers reasoned that improving language access for patients who have limited English proficiency may lower the cost of care in the long run because improved communication tends to reduce medical errors and increase access to preventive care.

http://issuu.com/cafp/docs/addressing_language_access_toolkit
The California Academy of Family Physicians (CAFP) Foundation created a new toolkit in 2007 to help health care professionals incorporate language and cultural proficiency into their practices. The guide is intended to assist nurses and physicians in creating a complete and functional language access system for limited English proficient (LEP) patients. The publication starts by demonstrating why the issue is important, insisting that communication is central to medical practice. The majority of the guide gives advice about how to reach out to LEP patients and improve communication between doctors and patients in health care settings. It also illustrates ways in which doctors can assess their own language skills and those of their staff, as well as how to effectively work with professional interpreters.


This compilation of resources offers advice to first responders in emergency situations about how to minimize communication breakdowns. The article demonstrates the gravity of communication barriers between caregivers and victims, which often lead to misdiagnoses, treatment errors, unnecessary pain, and even death. The author discusses the importance of communication in emergency situations since first responders reach victims first and must be able to accurately assess the type of care needed. In the next section, the author provides a list of common communication tools that first responder personnel can use to facilitate communication while in the field. Each resource is accompanied with a link where readers can retrieve more information about their use.