Understanding Language and Culture Issues Between Patients and Providers

Over the past four decades, the United States has attracted immigrants from all around the world, with the majority emigrating from Latin America, Asia and Europe. The resulting increase in ethnic, cultural and linguistic diversity has been accompanied by a great – and growing – need for language access services in health care settings. However, most health care organizations provide either inadequate interpreter services or no services at all, and patients who have limited English proficiency do not receive needed health care or quality health care. Often, persons enlisted to help patients communicate with health care providers are not trained interpreters; instead, they are fellow patients or are family members, friends, un-trained nonclinical employees, or non-fluent health care professionals. Reliance on such ad hoc services has been shown to have negative clinical consequences like longer hospital stays, patients becoming sicker because of failure to continue treatment, missed appointments, passing infectious diseases to others, misdiagnoses by doctors, and low patient satisfaction. Moreover, these adverse outcomes are often exacerbated by the vulnerability and fear patients experience when they do not speak the same language as their caregivers.

Indeed, interpretation mistakes underpin many preventable adverse outcomes in medical settings. Marchione writes about a study involving thirteen medical visits between pediatricians and Spanish-speaking mothers at a Boston clinic to illustrate the gravity of medical interpretation errors in health care settings. The study reports that an average of thirty-one interpretation errors occurred during each of the thirteen doctor visits. Of these errors, sixty-three percent were considered serious enough to have adverse medical consequences due to altered descriptions of illnesses to doctors, misstated diagnoses or treatment options, misunderstandings about a child's condition, or misconceptions about the need for follow-up visits or referrals. The author comments that when professional interpreters are not available, health care staff often rely on nurses, social workers, friends, or family members of patients, increasing the risk of interpretation errors.

Although many preventable adverse events in health care settings occur as a result of language and cultural barriers, a study about parental reports of communication problems with health care providers showed that foreign-born parents were 11.8% more likely to report communication problems than American-born parents. This demonstrates that many patients and their families recognize that there are serious communication problems that inhibit them and their loved ones from getting the care they need. However, according to the same study, cultural and socio-economic influences and health literacy issues also affect communication in health care settings even more; 24.4% of low-income parents reported poor communication with health
As the population of the United States becomes ever more diverse and the languages spoken multiply, growing numbers of patients who speak no English are being isolated by language barriers. Moreover, cultural and socio-economic influences affect the continuum of patient-provider communication. The consequences of medical miscommunication can be severe. Patients become sicker because they fail to stick to treatment regimens that they do not understand. They miss appointments. They pass on infectious diseases because they do not know how often to take their medication or when to return for follow-up care. Doctors miss diagnoses, or get people to agree to procedures they do not fully understand. To compensate for their sketchy knowledge of patients' symptoms, doctors order too many tests, some very expensive, others potentially risky.

However, according to a 2002 report from the Office of Management and Budget it would cost, on average, only $4.04 (0.5 percent) more per physician visit to provide all U.S. patients who have limited English proficiency with appropriate language services for emergency-department, inpatient, outpatient, and dental visits. This seems like a small price to pay to ensure safe, high-quality health care for the 49.6 million Americans who have limited English proficiency.

The following articles provide additional help in understanding the nature of language and cultural barriers to patient: provider communication:

http://query.nytimes.com/gst/fullpage.html?res=9D05E0DD113BF930A15752C1A961958260&sec=&spon=&pagewanted=1

Many years ago, Fein explores the growing likelihood that, as immigrants settle in the United States and the number of languages in the country continues to multiply, more non-English speaking patients are isolated due to communication barriers in hospitals. She discusses several of the problems that can arise due to medical miscommunication (patients becoming sicker because of failure to continue treatment, missed appointments, passing infectious diseases to others, misdiagnoses by doctors, etc). A trained medical interpreter is the best option for reducing communication barriers between caregivers and patients, but this is not always possible; sometimes children, friends, or telephone interpreting services are used instead.

The article begins with a scenario in which the reader is visiting a small town in China’s Yunnan Province and does not speak the native language. The reader falls ill and is taken to a clinic where he is seen by a doctor who prescribes him medication. Unable to properly explain his symptoms and allergies to certain medications, the reader leaves the clinic unable to discern what is wrong with him or if the medication will heal or harm him. This story exemplifies the daily language barriers in health care occurring in the United States by providing insight into the vulnerability and fear patients experience when they do not speak the same language as their caregivers.


The research article discusses a study about parental reports of communication problems with health care providers, focusing on low-income families. The researchers use literature and quantitative analysis as the primary methods in their study, and they analyze data from the 1999 and 2002 National Survey of America’s Families. The results show that 24.4% of low income parents reported poor communication with health care providers, and foreign-born parents were 11.8% more likely to report communication problems than American-born parents. The authors advise using professional translating services in hospitals and clinics to reduce communication barriers and improve health care.

file:///c:/DOCUME~1/HEATHE~1/LOCALS~1/Temp/fcctemp/Language%20linked%20to%20medical%20mistakes.html

To illustrate the gravity of medical interpretation errors in health care settings, Marchione writes about a study involving thirteen medical visits between pediatricians and Spanish-speaking mothers at a Boston clinic. The study shows that an average of thirty-one interpretation errors occurred during each of the thirteen doctor visits, which were tape-recorded and subsequently analyzed to detect such interpretation mistakes. Of these errors, sixty-three percent were considered serious enough to have adverse medical consequences due to altered descriptions of illnesses to doctors, misstated diagnoses or treatment options, misunderstandings about a child's condition, or misconceptions about the need for follow-up visits or referrals.
The author comments that when professional interpreters are not available, health care staff often rely on nurses, social workers, friends, or family members of patients, increasing the risk of interpretation errors.


This article discusses the grave medical miscommunications and the increased incidence of adverse clinical consequences that occur when untrained, ad hoc interpreters are used in health care settings. Despite the growing number of people who have limited English speaking abilities in the United States, many patients who need medical interpreters have no access to them. The provision of adequate language services results in optimal communication, patient satisfaction, outcomes, resource use, and patient safety. A 2002 report from the Office of Management and Budget estimated that it would cost, on average, only $4.04 (0.5 percent) more per physician visit to provide all U.S. patients who have limited English proficiency with appropriate language services for emergency-department, inpatient, outpatient, and dental visits. This seems like a small price to pay to ensure safe, high-quality health care for 49.6 million Americans who have limited English proficiency.


The authors make an important distinction between translation and interpretation in health care settings, indicating that translating the words doctors and patients use to communicate does not suffice. This is because the use of certain words varies dramatically between diverse languages and cultures, which may significantly impact the success or failure of clinical encounters. When health care providers and patients do not understand the intent or context of their verbal interactions, language barriers often impede care and increase the risk of medical errors. Possible ways to reduce these kinds of language barriers include increasing the linguistic and cultural diversity of health care staff and allowing patients greater choice in selecting providers with whom they can effectively communicate.

This article discusses Dr. Glenn Flores’s study in which he analyzed statistics from the National Survey of Children's Health to examine disparities between health care for English-speaking and non-English primary language (NEPL) children. The survey used nationwide random sampling to interview 102,353 children (and their caregivers) in both English and Spanish between 2003 and 2004. The study found that children in households where English was not the primary language were more likely to be poor, overweight, have only fair or poor dental health, be uninsured, have made no medical visits during the previous year, and to be dissatisfied with physicians and health care providers. While this article was mainly written to address disparities in health care due to language barriers, it also discusses some strategies to eliminate barriers to care.


The article describes a University of California, San Francisco (UCSF) study in which researchers conducted telephone surveys with 1,200 Californians in eleven different languages. Researchers asked respondents forty-eight questions to find out about their experiences with health care access, satisfaction and comprehension. Limited English proficient (LEP) respondents were significantly more likely than their English-speaking counterparts to misunderstand medical situations, experience confusion in taking medication, and have trouble understanding medication labels. In addition to poorer comprehension, LEP respondents were more likely than English-speaking respondents to be female, elderly, uninsured, less educated, and have lower incomes. The results highlight the adverse outcomes resulting from communication barriers between patients and physicians, indicating a need for greater cultural and linguistic competence in the U.S. health care system.