Dealing with the Disadvantaged

Communicating with non-English-speaking patients

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One of the main problems facing health workers is that of patient compliance. An important factor in compliance is patient education, and there is no doubt this can be improved by better communication. Since language is the most important method of communication, the three million immigrants living in Britain pose special problems for health workers, since many immigrants are unable to speak the language.

An initial assessment of how much English your patient does or does not know will help you to adapt your language accordingly. It is important to distinguish between superficial fluency with frequently heard phrases and other words which are not commonly used and which the patient may not understand. Remember also that some patients who normally speak good English may lose some of it under stress. Even patients from the indigenous population may become "lost for words" in a hospital; particularly when asked to describe abstract concepts such as symptoms of an illness and pain.

Points to remember

The following points are applicable when you are talking to any patient who has language difficulties.

- (1) Speak as slowly and as clearly as possible.
- (2) Do not shout. Talking loudly to a patient who does not speak the same language as yourself seems to be a natural reaction but may frighten or distract a patient.
- (3) Repeat when you have not been understood. If something has been said as simply as possible and is still not understood, try repeating the *same* sentence again; changing words may confuse the patient.
- (4) Avoid using medical jargon and idioms.
- (5) Use the simple form of verbs—that is, active rather than passive. "The doctor will examine you," will be understood better than "You will be given an examination by the doctor."
- (6) Give instructions in a clear, logical sequence.
- (7) Avoid condensing what you are saying in an effort to simplify. Often a longer explanation is simpler and easier to follow than a condensed one.
- (8) If you use an example to illustrate a point take care that the example itself does not confuse the patient.
- (9) Use pictures or models to illustrate words with which you consistently encounter difficulties. Simple pictures of men and women may be useful in explanations. Some patients may find it easier to identify and understand photographs rather than line drawings or symbols.
- (10) Never give too much information in one session. The effort of concentrating in order to understand may badly affect the memory. Even people with no language problem remember only one or two points from each session.

(11) Check that you have been understood. Avoid asking questions such as, "Do you understand?" or "Is that alright?" These are bound to be answered by a "Yes." This is often the first word that is learned in a foreign language and will enable the patient to escape without necessarily having understood what you have said.

Interpreters

If a patient speaks little or no English, an interpreter will be required. Few hospitals employ interpreters, and you will often have to use a member of the patient's family, a neighbour, another patient, or another health worker. To use your interpreter most effectively:

(1) Make sure the interpreter is fluent in both English and the patient's own language. If two languages are very similar—for example, Spanish and Italian or Punjabi and Hindi—an interpreter may claim to speak both but be fluent only in one and just able to "get by" in the other. Interpreting will then be made difficult since most languages have colloquial terms for parts of the body and for certain illnesses.

(2) You should be confident in the interpreter's ability and be able to trust the accuracy and sensitivity of the translation.

(3) The interpreter should be able to gain the respect and trust of the patient. A patient may not answer all your questions truthfully if he or she is embarrassed by the interpreter, does not trust the interpreter, or is a relation of the interpreter. A patient may be unwilling to communicate intimate, personal details to a neighbour or a friend. Children are often used as interpreters. There are many things, however, which a mother may not wish to tell her child, and frequent use of a child as an interpreter may disrupt normal family relationships. Also, there are the obvious effects of missed schooling. A family member may not translate directly but may be reticent about some things, add an explanation, or put his or her own interpretation on the facts. Ideally, therefore, an interpreter should be of the same sex as the patient, not have a family or personal relationship with the patient, and will be better accepted if he or she is older than the patient and married.

(4) Make sure that you are maintaining a relationship with your patient. Speak directly to the patient as much as possible, not to the interpreter, even if the patient cannot understand. Sit facing the patient and be aware of any reaction or change in expression indicating what effect your words are having.

(5) Try to explain your aims to the interpreter. Unless an interpreter is a health worker, he or she may have little medical knowledge and hence be unaware of what your aims are in asking certain questions. Much of what you say may not be translated directly, and the interpreter may need to phrase your question in a different way. Try to keep your questions simple and straightforward. Pause frequently so that the interpreter does not have to remember too much.

(6) Allow two or three times as long for a conversation when using an interpreter. Showing impatience may make the patient and the interpreter anxious.