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Abstract: *The population of theUnited States population is growing more diverse at a rapid rate through the 21st century. Health care providers are interacting more frequently with patients of diverse ethnic affiliations where health beliefs, languages, and life experiences may differ greatly from their own. According to Timmins (2002), "...the U.S. health care system is largely geared toward serving English speakers." This is because language is the most common barrier in any health care setting and has been found to be a risk factor with adverse outcomes. Health care providers and patient communication are positively correlated with improved health outcome. Health outcomes include medication regimen, preventive testing, and patient satisfaction.*

Key Words: *Culture, Nursing Care, Language Barrier*

HOW LANGUAGE BARRIERS IMPACT PATIENT CARE: A COMMENTARY

David and Rhee (1998) conducted a study that focused on the relationship between physicians and their Spanish speaking-only patients in a major teaching hospital. The study concluded that the language barrier correlated negatively with patient satisfaction and medication compliance. To encourage medication compliance for this population and other non-English speakers, written information in the patient's native language regarding the medication purpose and side effects should be provided. Physicians, nurses, and pharmacists should collaborate when an issue arises regarding medication non-compliance related to a language barrier. David and Rhee (1998, p. 397) stated, "A great obstacle...occurs when a language barrier exists between the doctor and patient." This obstacle could easily be prevented with the assistance of an interpreter or even a bilingual health care provider to enhance patient satisfaction with health care.

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A complete review of Timmins' (2002) literature answers the question, how do language barriers affect access to health care, quality of care, health outcomes, and health care costs? Although this literature review focused on the Latino population, the discussion can be related to other ethnic groups. Non-English speaking populations lack access to a therapeutic relationship with their health care provider because of the language barrier. The literature review discussed that Latinos do not take advantage of the health services that are provided, which then leads them to a higher risk of health problems. However, emergency rooms were used as the primary health provider for this population because they had no health insurance or a regular source of health care. Timmins (2002, p. 82) concluded from various studies that "...poor patient outcomes...increased use of expensive diagnostic tests...increased use of emergency room services...poor patient satisfaction...and poor or no patient follow-up when follow-up is indicated" resulted from a language barrier between patient and health care provider.

In a research study by Dunn, Shridharani, Lou, Bernstein, and Horowitz (2001) it was concluded that lack of time and language affected whether a discussion about cancer screening was required. It was further mentioned that screening was avoided due to lack of resources for interpretation.

CHALLENGES IN THE HEALTH CARE SYSTEM

A challenge for health professionals is to apply health education strategies for patients who do not speak or read English at the elementary level and are from various cultural backgrounds. All health care providers should be culturally sensitive to patients. It is recommended that when there is a language barrier nurses should use simple, everyday words rather than complex words or medical jargon. More importantly, using nonverbal communication such as hand gestures and facial expressions should help the patient understand some meaning within the conversation. As the United States becomes increasingly more multicultural and multilingual, assistance from specially trained interpreters or family members of the patient is essential to providing enhanced health care and culturally competent care.

INDIVIDUAL CHALLENGES

The issue becomes one of who should be the interpreter, whether that person should be a trained or untrained individual? An untrained interpreter, also known as an ad hoc interpreter, may include a family member(s), housekeeper(s), or secretary. Timmins (2002, p. 89) mentioned, "...ad hoc interpreters can lead to inaccurate communication and ethical breaches." Ethical dilemmas that arise with the assistance of ad hoc interpreters include role conflicts and patient confidentiality. A patient may use their child as an interpreter adding a tremendous amount of stress to all involved in the conversation, especially when the content is sensitive and disrupts the family relationship. Timmins (2002, p. 90) summarized that "Valid solutions to the language barrier include...hiring bilingual health care providers, hiring trained professional interpreters, training volunteer interpreters from the community...and using phone interpreting." He recommended that the use of ad hoc interpreters be avoided.

Many facilities are hiring international nurses who speak minimal English. These nurses must challenge the language barrier to interact with health care providers and patients; furthermore, without English competency they can not efficiently carry out skills. Yi and Jezewski' (2000) research focused on Korean nurses' adjustment to working in the United States. This study demonstrated that, "The most important thing is language. If you cannot talk, then you get blamed for what happened. If you cannot talk, then you cannot defend yourself. And especially in this society you have to speak well," (pp. 724-725). It was interesting to find that Korean nurses' training stresses that non-verbal communication helps them to communicate face-to-face with no arising issues in United States facilities. The study recommended that international nurses be encouraged to work with host families and friends to strengthen their English speaking skills as well as to learn more about Western culture.

CONCLUSION

In nursing, communication is essential to treating and caring for individuals. To avoid the issues that arise with a language barrier, it is recommended that all health care providers use trained interpreters in regards to patient care. Information sheets relating to medical diagnoses, medications, treatments, and education should be offered in the patient's native language. It is essential for the trained interpreter to discuss any questions regarding the information sheets. Health care providers are encouraged to attend in-services that focus on cultural awareness. Health care professionals should be offered the opportunity to attend language classes, such as Spanish, to become familiar with common everyday words and medical terms. Many major universities and community centers offer language classes for beginners. Despite differences, the common goal in health care is to provide optimal patient care and maintain health.

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