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Language Miscommunication in the Healthcare Sector: A Case Report

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ABSTRACT

Introduction: Effective communication is of paramount importance in patient safety and quality of care. With all the racial and ethnic diversities in the United Arab Emirates (UAE), the language barrier is a hurdle that healthcare providers have to handle. Language barrier affects various aspects of healthcare services for non-native speakers, including health status, access to care, and use of health services. Moreover, language miscommunication impairs the clerking process, resulting in misdiagnoses or poor management decisions.

Case Report: We presented a typical case of language miscommunication, which led to an improper management decision that could have led to serious complications in the patient. This report states the outlines of the case and the mistakes that led to the occurrence of miscommunication. We also provided recommendations to prevent the occurrence of similar incidents in our environment and elsewhere based on the United States Department of Health and Human Services language access plan.

Conclusion: Patient safety, quality of care, and patient rights are sufficient to justify commitment to optimum communication. Consideration of all these issues facilitates the establishment of effective communication with patients.

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Introduction

The United Arab Emirates (UAE) has turned from a mere placid backwater in the late 70s and 80s into a federation of seven emirates and become one of the most booming nations in the Gulf region in terms of the economic and industrial aspects (1). This fast-paced development requires a huge amount of manpower, the fulfillment of which involves the recruitment of migrant workers from all over the world. Consequently, the UAE population has increased substantially over the past four decades from approximately 287,000 in 1971 to 9.6 million in 2019 (2).

This mass recruitment has led to an unusual population structure in the country. Only 11.5% of the total population are Emiratis, while the remaining 88.5% are expatriates and immigrants. Accordingly, there is an apparent distribution of migrant workers based on their nationality, with South Asians (i.e., Indians, Pakistanis, Bangladeshis, and Filipinos) comprising 60% of the population. Accordingly, the UAE has a multinational population with a variety of cultural practices and educational backgrounds. Regarding this, the establishment of population-based public health strategies to accommodate such a multilingual population is an issue of significant importance (3).

Communication is a crucial element in patient care and safety. Language discordance in the healthcare sector can have serious implications for patients. Language barriers lead to a poor understanding of diagnosis, relevant investigations, and medication instructions. They also lead to poor comprehension and compliance with recommendations for follow-up and treatment. This increases the likelihood of the occurrence of adverse medical events, thereby

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lowering patient satisfaction (4)

Regarding this, the consideration of communication barriers is an important component of any strategies targeted toward patient safety and risk management of healthcare organization (3). With this background in mind, the present case report addressed the problem of language miscommunication occurring in the healthcare sector to suggest some possible solutions in order to prevent the occurrence of such an obstacle.

Case

The case was a 28-year-old patient from Pakistan with right knee pain as a result of a fall while playing soccer. The patient and his companion were speaking Urdu. They could not speak in English, except a few words. All the translators and nearby nurses were busy; therefore, the doctor decided to proceed taking history alone using a mix of simple English and Urdu words he knew. He could get some information regarding the trauma and the location of the pain.

However, when he asked the patient about having any drug allergies or a relevant significant past medical history, the patient did not seem to understand the questions and said no. On physical examination, the patient was vitally stable and had moderate pain. The knee examination showed a limited range of motion in the right knee because of the pain. The X-ray examination of the right knee showed normal findings; therefore, the doctor decided to give the patient a Diclofenac injection for pain relief.

One of the nurses who could speak Urdu came to give him the injection and asked him whether he had any drug allergies or if he was asthmatic. The patient stated that he was asthmatic and that he once had a reaction to one of the pain medications. The nurse withheld the drug and immediately informed the doctor. The medication was changed to paracetamol. Later, the doctor informed the patient about the miscommunication through the nurse.

The patient was upset and infuriated because his life was put at risk. The doctor apologized and told the patient that it was his right to have a translator. He also advised the patient to be careful about the medications prescribed for him and asked him not to answer any medical questions unless he fully understands the point. The patient was considerate enough and did not file an incident report against the doctor.

Discussion

The doctor-patient dyad is the fundamental unit of the medical care paradigm. As the ethnic and racial diversities are increasing all over the globe, it is becoming more important for healthcare institutions to provide appropriate linguistic services to avoid miscommunication between the patient and the treating physician (5). In our case, the main factor that caused miscommunication was language barrier. The patient was reluctant to tell the doctor that he did not understand what he was being asked and answered the question blindly. The patient, however, should not be blamed, as it is the doctor's responsibility to facilitate the presence of a translator during the clerking process.

Recommended solutions that could have been used to assist in communication with the patient in our case include the use of communication boards, a pen and paper, or translated written materials (6). Since a trained interpreter was not present, each of these options could have been used. Generally, the healthcare organization should determine which method serves the best for each patient.

In 2013, the United States Department of Health and Human Services published a language access plan to overcome the occurrence of incidences similar to ours in the healthcare sector. The plan emphasized the importance of the initial assessment of the language needs of the patients and the capabilities of the organization. This should then be followed by the implementation of appropriate interpretation services. Finally, to ensure that the communication needs of non-native patients are optimally addressed across the care continuum, the language services must be subjected to frequent evaluations (7).

In a study performed by the Joint Commission on Accreditation of Healthcare Organization (Joint Commission), it was found that non-native speakers more frequently suffer from the adverse outcomes resulting from medical errors, compared to native speakers (8). Accordingly, it is recommended to implement human resource strategies to recruit and retain a diverse workforce in healthcare organizations. This should be guided by the investigation of demographic attributes obtained from the latest national census data (9).

Language discordance may undermine patient's access to healthcare services. Regarding this, healthcare providers should arrange for written and/or oral language assistance services through properly trained interpreters and translators. Such personnel must be able to accurately and effectively interpret whatever they are asked by using the necessary terminologies. They must strictly adhere to their roles as interpreters and maintain impartiality and confidentiality throughout the clerking process. In addition, doctors must be wary of

using ad hoc or family members as interpreters. These individuals might have interests that conflict with those of the patient and are often not skillful enough to accurately interpret the medical jargon (7).

Communication boards are among the other options that can be used for the prevention of such miscommunications. They usually contain simple words or phrases which come in different languages. These tools can be used to communicate with the patient until a qualified interpreter is available; however, they should not be replaced with the latter. Printed materials that are in forms of pictures, graphs, and figures or are written in multiple translated languages can be also used to explain the medical information readily and easily (8).

Development of self-administered questionnaires in which patients are asked about their past medical, surgical, drug, and allergy histories is another proposed solution. These questionnaires can entail a list of common medical conditions, and the patients can declare having such conditions by ticking the box next to each item. If the patients' condition is not included in the listed options, they can write it in a blank space provided; thereafter, the physician can contact a trained translator (5).

Recent technological developments, such as video remote interpretation (VRI) services, can be also utilized in this domain. These services facilitate the interpretation of spoken or sign language by means of web cameras, videophones, or tablet devices (9). The VRI has been used in a number of renowned US hospitals in the past decade and has shown excellent results by reducing the waiting time for the patients in need of interpretation services. This leads to the reduction of patient anxiety as it allows caregivers to quickly assess patients' medical needs and deliver the necessary care (10).

According to the Health Authority of Abu Dhabi in the UAE, each patient has the right to be provided with Arabic or English interpretation services, as needed. All other language barriers shall be also accommodated based on the availability of translation resources (11). In conclusion, the fulfillment of the goal targeted toward the provision of safe and high-quality care for patients requires the immediate elimination of linguistic and health literacy barriers. The consideration of this issue would not only benefit the patients and their families, but also comfort the healthcare providers in terms of personal work satisfaction. Consequently, this issue affects the overall healthcare organization.

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Conflicts of Interest

None declared.

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