REPORT ON A SCOPING STUDY OF LANGUAGE AWARENESS IN HEALTH AND SOCIAL CARE

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ABSTRACT

Language awareness is a topic of increasing debate in the health and social welfare literature because of its impact on improving health and reducing inequalities. Nevertheless, there is a paucity of rigorous research in this arena, resulting in a markedly weak evidence-base on which to establish language appropriate care practices. This has a particular bearing for linguistically diverse nations, such as Wales, where bilingual provision is a statutory requirement. This paper outlines the findings of a scoping study commissioned by the Welsh Assembly Government to investigate language awareness in health and social care and establish plans for developing a national research and development network across Wales. The study included two main elements: (i) a systematic literature review and (ii) a questionnaire survey of key ice user representatives from health and social care sectors. The research was conducted over an eight-week period between March and April 2005. A purposeful sample of stakeholders and service user representatives were approached and invited to complete the questionnaire by e-mail. The data arising from the consultation exercise and literature review were analysed independently, leading to the establishment of a framework for research and development priorities based on key themes arising from each strand of enquiry. The study highlights the continuing need to build the evidence base to support and disseminate language appropriate practice in health and social care. The findings generated six priority areas. These emphasise the need to focus on strategic, organisational and personal levels of practice, whilst improving user involvement and establishing robust methods of evaluation. In view of the growing commitment amongst many developed countries to enhance language awareness in the delivery of health and social care services, the findings have important implications across a range of bilingual and multilingual settings worldwide.

Keywords: Communication barriers; Language awareness; Service delivery and organisation; Scoping study.

INTRODUCTION

This report outlines the findings of a scoping study commissioned by the Wales Office of Research and Development. Its main purpose was to investigate language awareness in health and social care and outline plans for developing a research and development network across Wales. The study includes three main elements as follows: Systematic literature review; Stakeholder consultation; Service user representative consultation.

BACKGROUND

Although an individualised and holistic approach is central to the philosophy and delivery of health and social care in

Wales, the evidence suggests a significant shortfall in the language awareness of practitioners in Wales and a lack of commitment within healthcare organisations to enhance communication with minority language speakers. Such findings are not exclusive to Wales. Indeed, further research studies examining the healthcare experiences of non-indigenous minority language speakers in the UK (6,14,7,8); USA (13); and Australia (5) confirm the significance of language and language choice to minority speakers as a means of effective communication in healthcare, and the detrimental effects of language barriers in compromising the quality of care and treatment, particularly for vulnerable client groups. Language awareness is therefore an important factor in improving health and reducing inequalities. However, further collaborative research and development is required in Wales in order to establish effective language planning in the delivery of health and social care services that meet the needs of minority language speakers.

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AIMS AND OBJECTIVES

The overall aim of the scoping study was to produce an overview of language awareness in health and social care and outline plans for developing a research and development network. The main objectives were: (1) to undertake a critical evaluation of existing research and development in the field and identify the key research issues; (2) to elicit views from a wide range of stakeholders and service users regarding priorities for research and development in the field; (3) to outline plans for developing a research and development network to enhance language awareness in health and social care; (4) to propose a range of activities for the network.

METHODS

The study was conducted over an eight-week period from 7 March 2005 to 30 April 2005. The core team of 7 investigators represented the higher education sector, the NHS, social services, and government bodies across Wales. Three workshops were held in a central location in order to plan and facilitate the work. In line with the aims of the study, data collection focussed on three main elements as follows: Systematic literature review; Stakeholder consultation; Service user representative consultation.

1. Systematic Literature Review

The aim of the literature review was to examine the empirical evidence base for research priorities to enhance language awareness in health and social care. The review thus focussed on language barriers in health and social care with service users whose preferred language is not English. The following electronic databases were examined: CINAHL, Medline, Applied Social Sciences Index and Abstracts, Linguistics and Language Behaviour Abstracts, PsycInfo, Social Services Abstracts and Sociological Abstracts. Key terms or their available permutations included language, culture, awareness, barriers, ethnic minority, health care and social care.

2. Stakeholder Consultation

A range of stakeholders were selected from health and social care sectors across Wales were consulted. In order to maximise the efficient use of time and resources, both in terms of data collection and analysis, the consultation process was conducted by E-mail. A bilingual letter was sent to each stakeholder in order to seek their opinion on enhancing language awareness in health and social care and identifying priority areas for research and development. A brief questionnaire was included in order to focus their response.

3. Service User Representative Consultation

In a similar vein, a range of service user representatives were consulted via E-mail from the following sectors: Community Health Councils; Voluntary Organisations. A

brief questionnaire was included in order to focus their response.

ANALYSIS

Framework or Thematic Analysis (11) was adopted in order to analyse the qualitative data arising from the consultation process. This approach involves a systematic process of sifting, charting and sorting data according to key issues and themes. The method involves the following key stages: Familiarization with the data; Identifying a thematic framework; Indexing or coding; Charting the coded data; Mapping and interpretation.

The overall analytical framework for the study was adapted from Ross et al (12), where the data arising from the stakeholder / service user representative consultation and literature review were analysed independently (see Figure 1). This enabled the researchers to compare priorities and gaps, as identified by stakeholders, with those identified within the literature. This led to the establishment of a framework for research and development priorities based on key themes arising from each strand of enquiry.

Figure 1: Analytical Framework (adapted from Ross et al 2004)

KEY FINDINGS AND DISCUSSION

1. Systematic Literature Review

In total, 525 citations were identified from the search strategy. Of these, 502 were excluded mainly because they did not focus on language barriers; did not constitute a research study; or lacked clarity in methodological approach and analysis. As a result of this exclusion, 23 studies were retained for review. Since Chalmers (3) claims that electronic searches only identify about 50% of the available literature, back chaining was performed from reference lists of key articles in order to locate grey literature that met the criteria for the review. This led to the inclusion of a further 14 studies, thus providing a total of 37 studies overall.

The review shows that 17 studies were undertaken in the United Kingdom (UK), 12 in the United States (US), 6 in Australia, 1 in Canada and 1 in Europe. The studies reflect a range of methodological approaches, including 6 systematic literature reviews; 11 quantitative studies; 19 qualitative studies; and 1 combination of quantitative and qualitative approaches.

In view of the increasing cultural and linguistic diversity of populations across the modern world, it is not surprising that the overwhelming theme of these studies reflects language barriers experienced by non-indigenous minority language speakers. Nevertheless, the focus of the literature varies between the UK, US and Australia. The UK literature reflects mainly small-scale qualitative studies, exploring practitioner and user perspectives of language barriers in healthcare with minority language speakers, such as those of South Asian descent (6,14,7). Whilst this theme is repeated in the Australian literature (3), further studies examine the role potential of bilingual staff in service delivery models (9). In contrast to the above approach, the US literature demonstrates a greater focus on obtaining empirical evidence for the impact of language barriers on health status (13) and the effects of interventions (1), such as interpreter services in healthcare. On examination of the literature, two broad themes are identified which will be discussed in turn. These include:

- The impact of language barriers in health and social care
- Strategies for overcoming language barriers in practice.

1.1. Impact of language barriers in health and social care
There is increasing recognition within the literature of the importance of acknowledging and using the client's preferred language in health and social care, particularly at times of stress and vulnerability. Not only is language identified as an essential means of expressing thoughts and feelings (7), it is also an important tool to convey accurate information (14) and express cultural identity and belonging (5). All the studies reviewed identified the existence of language barriers, of varying degrees, between practitioners and minority language speakers. Such barriers invariably led to communication problems that often jeopardised the therapeutic relationship and the quality of care provision (5,7,13).

In the UK, Cortis (6) and Vydelingum (14) and Gerrish (7) have all explored South Asian patients' experiences of health care using qualitative approaches. All of these studies highlighted nurses' failures to resolve communication difficulties, leading to misinterpretation of information and advice; poor compliance to treatment regimes and limited psychological support of patients. Although their findings cannot be generalised, they offer valuable insight and understanding of the perceptions and subjective experiences of minority language speakers in healthcare. Moreover, the findings of these small-scale studies are supported by larger surveys of minority language users in the UK (4), all of which demonstrated that communication problems resulted in vulnerable patients or relatives being poorly informed about health issues. Similar patterns emerge from qualitative studies undertaken in linguistically diverse areas of Melbourne and Sydney, Australia (5), where poor levels of English language proficiency amongst users of midwifery and acute care services were again associated with communication problems and less positive experiences of care. Thus, although the contexts of these studies are quite

unique, and the findings cannot be generalised, many highlight common effects of language barriers in health care and share key recommendations for practice.

1.2. Strategies for overcoming language barriers in practice.

A range of strategies for overcoming language barriers in practice are identified within the literature and these will be discussed in turn.

Language appropriate information

Patients and clients whose preferred language is not English have reported problems accessing the health information they require and this has been shown to have detrimental effects upon their uptake of health and social care provision (4). These findings are supported by Woloshin et al (15) in their extensive household survey of the use of preventative services in Ontario, Canada. Their results demonstrated that the effect of language persisted after adjusting for variables reflecting socioeconomic factors, contact with the healthcare system and culture. This suggests that observed differences in uptake of services across language groups may be attributable to a communication barrier.

Interpreter services

In an attempt to overcome language barriers in healthcare, a number of interpretation strategies are reported in the literature, ranging from the use of professional interpreters to patients' relatives or friends. In the UK, a number of qualitative studies and empirical surveys demonstrated poor access, availability and use of formal interpreter services (4,7) that compromised healthcare provision. The need for an expansion in professional interpreting services in the UK, particularly within community settings, is clearly evident from this literature, as well as the training of healthcare professionals to utilise these services appropriately (7).

In light of the National Standards for Culturally and Linguistically Appropriate Services issued by the US Department of Health and Human Services in 2001, there has been a proliferation of research examining the impact of interpreter services on healthcare delivery in the US. These studies are beginning to associate such services with enhanced health care delivery, such as reduced re-admission rates, increased patient satisfaction and cost benefits (2). Nevertheless, within their systematic review of the literature, Anderson et al (1) claim that, as yet, there is insufficient data to draw sound conclusions and further research is recommended to measure the impact of language and communication interventions in healthcare.

Bilingual healthcare practitioners

As a better alternative to formal interpreters, bilingual healthcare practitioners have been identified as a valuable resource in bridging language barriers between patients and providers. This is evident across a range of healthcare settings in the USA (13) and Australia (5,9) but seldom discussed within the UK literature reviewed. Timmins (13), in her systematic review, shows that there are many advantages to using bilingual healthcare practitioners over interpreters, including increased patient satisfaction, increased patient understanding, avoidance of diagnosis and treat-

ment errors, improved therapeutic relationships, avoidance of extra time expenditure, and avoidance of the costs of employing professional or telephone interpreters. Despite such clear benefits, bilingual practitioners remain a largely untapped resource. This may be partly explained by the lack of availability of such practitioners and a reluctance to disclose their bilingualism; as well as common concerns regarding their significance and value in practice; and their levels of bilingual proficiency and interpretation skills (5,13).

In view of these findings, recommendations are proposed within the literature to target the recruitment of bilingual practitioners and provide adequate training for their role in managing clients from their own minority language groups (5,13). Furthermore, Johnson et al (9) identify the need for further research to replicate and expand their studies in order to examine how bilingual staff use their language skills in practice and how they may be best deployed within new service delivery models.

Enhancing language awareness

Whilst the majority of the studies reviewed identify practitioners responding sensitively to the language needs of their patients, Anglo-centric attitudes are evident in practice (5,6). For example, Cortis (6) states that, although most nurses were sympathetic to the difficulties that emerged when language was a problem, nurses considered communication problems to be 'more of the patient's problem rather than a joint deficit' (page 114). Moreover, patients did not feel comfortable talking to some nurses because of existing language barriers and the negative attitudes they displayed. Such attitudes were highlighted by Cioffi (5) who reports that a few nurses considered that 'linguistically diverse patient groups could make more of an effort to speak English, particularly if patients had been resident in Australia for a number of years' (page 304). These findings show that there is potential for healthcare professionals to demonstrate discriminatory practice in their attitudes and approach to minority languages. There is therefore a need to enhance the language awareness of practitioners through education (5). Cortis (6) add that such enhancement should also be encouraged at the organisational level.

2. Stakeholder Consultation

In line with the Framework Analysis approach (11), the responses were examined for content and key ideas and recurrent themes were identified. Open coding of the data revealed a series of categories that reflected the four main themes of the questionnaires, as follows:

- Theme 1 Service deficits
- Theme 2 Service improvements
- Theme 3 Priority areas
- Theme 4 Research

This thematic framework was adopted for the analysis of the complete data set, with new categories emerging from the data in turn. Following the establishment of the thematic chart, the conceptual codes were refined and the categories re-constructed. As a result, the final themes were re-defined as a consequence of the new categories that

emerged from the analysis. These reflected the following four themes:

- Theme 1 Language awareness of practitioners
- Theme 2 Language awareness of health and social care organisations
- Theme 3 Vulnerable groups
- Theme 4 Strategic policy

2.1. Theme 1 Language awareness of practitioners

The respondents expressed clear views about the language awareness of practitioners and these were reflected within two distinct categories of language skills and sensitivity. The lack of appropriate language skills amongst staff was identified by many as one of the main deficits in health and social care provision for service users whose preferred language is not English. Indeed, despite sufficient numbers of Welsh speakers in some departments, the reluctance of staff to use Welsh in practice was highlighted by some individuals.

Respondents recognised several ways of addressing these language deficits. These included training strategies to enhance the language skills of current employees, recruitment strategies to increase the numbers of bilingual staff entering the professions and deployment strategies in order to utilise such staff in the areas of greatest needs.

2.2. Theme 2 Language awareness of health and social care organisations

Language awareness at the organisational level was identified as a significant factor in ensuring the quality of health and social care provision for minority language speakers, as revealed in this second theme. Several features were identified from the data and these are represented within a number of defined categories, namely language planning; interpreter services; clinical assessment tools; and service user consultation and information. The overall lack of language planning within service delivery was identified by many respondents as the greatest hurdle in ensuring language appropriate practice. This was highlighted in the data by a number of concerns raised regarding the failure of health and social care organisations to mainstream bilingual provision and facilitate language choice for service users. In order to overcome such deficits, respondents recognised the need to implement language planning at the organisational level, as illustrated in the quote below: "Organisations need to know what the different language needs are within their patient populations so that they can plan and ensure that communication whether oral or written is appropriate to the needs of each individual." In the absence of bilingual staff, the provision of interpreter services is an important strategy for overcoming language barriers in practice. However, many respondents reported a lack of qualified and experienced interpreters in practice and an over-reliance on the use of family members as translators.

2.3. Theme 3 Vulnerable Groups

Facilitating language appropriate practice, particularly for vulnerable groups, was clearly an important issue for many respondents, as reflected in this third theme.

The respondents identified, in particular, the vulnerability of young children and older people accessing health and social care, as well as those with mental health problems and learning disabilities, where effective communication and appropriate language use is fundamental to the quality of care delivery. These service users are particularly vulnerable and in need at times of acute stress, such as admission to the accident and emergency department.

2.4. Theme 4 Strategic Policy

The final theme emerging from the data is related to strategic policy and the need expressed by respondents for strategic thrust and leadership in order to enhance the quality and equity of service provision. For some respondents this inevitably calls for Welsh-medium provision within healthcare education at the higher education level and a need to extend the capacity of staff who can deliver this provision.

CONCLUSIONS

Enhancing language appropriate practice in health and social care is a fundamental requisite for quality service provision. This scoping study has highlighted the continuing need for research and development in order to build the evidence base to support and disseminate such practice. The study generated six priority areas for such developments that are grounded in stakeholder / user expectations and informed by priorities identified within the literature. These emphasise the need to focus on personal as well as organisational levels of practice, whilst improving user involvement and establishing robust methods of evaluation. Finally, the study offers a valuable framework for establishing a research and development network across Wales to co-ordinate such activities and disseminate information.

REFERENCES

1. Anderson L, Scrimshaw S, Fullilove M, Fielding J & Normand J (2003) Culturally competent healthcare systems. *American Journal of Preventive Medicine* 24, 3, 68-79.
2. Bernstein J, Bernstein E, Dave A, Hardt E, James T, Linden J, Mitchell P, Oishi T & Safi C (2002) Trained medical interpreters in the emergency department: effects on services, subsequent charges and follow-up. *Journal of Immigrant Health* 4, 4 171-176.
3. Chalmers I (1993) *Managing the knowledge base of health care*. British Library R & D Report 6133. British Library, London.
4. Chamba R & Ahmad W (2000) Language, communication and information: the needs of parents caring for a severely disabled child. In Ahmad W (ed.) *Ethnicity, Disability and Chronic Illness*, pp 85-102. Oxford University Press, Buckingham.
5. Cioffi J (2003) Communicating with culturally and linguistically diverse patients in an acute care setting: nurses' experiences. *International Journal of Nursing Studies* 40, 3, 299-306.
6. Cortis J (2000) Perceptions and experiences with nursing care: a study of Pakistani (Urdu) communities in the United Kingdom. *Journal of Transcultural Care* 11, 2 111-118.
7. Gerrish K (2001) The nature and effect of communication difficulties arising from interactions between district nurses and South Asian patients and their carers. *Journal of Advanced Nursing* 33, 5, 566-574.
8. Gerrish K, Chau R, Sobowale A & Birks A (2004) Bridging the language barrier: the use of interpreters in primary care nursing. *Health and Social Care in the Community* 12, 5, 407-413.
9. Johnson M, Noble C, Matthews C & Aguilar N (1999) Bilingual communication within the health care setting. *Qualitative Health Research* 9, 3, 329-343.
10. Li P, Logan S, Yee L & Ng S (1999) Barriers to meeting the mental health needs of the Chinese community. *Journal of Public Health Medicine* 21, 1, 74-80.
11. Ritchie J & Spencer L (1994) Qualitative data analysis for applied policy research. In Bryman A & Burgess R (1994) *Analyzing Qualitative Data* (pp 173-194). Routledge, London.
12. Ross F, Smith E, Mackenzie A & Masterson A (2004) Identifying research priorities in nursing and midwifery service delivery and organisation: a scoping study. *International Journal of Nursing Studies* 41, 547-558.
13. Timmins C (2002) The impact of language barriers on the health care of Latinos in the United States: a review of the literature and guidelines for practice. *Journal of Midwifery and Women's Health* 47, 2, 80-96.
14. Vydelingum V (2000) South Asian patients' lived experience of acute care in an English hospital: a phenomenological study. *Journal of Advanced Nursing* 32, 1 100-107.
15. Woloshin S, Schwartz L, Katz S & Welch G (1997) Is language a barrier to the use of preventive services? *Journal of General Internal Medicine* 12, 472-477.