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Examination of the effects of language and cultural barriers on Spanish-speaking patients in health settings as observed by medical Spanish interpreters

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Examination of the Effects of Language and Cultural Barriers on Spanish-Speaking Patients in
Health Settings as Observed by Medical Spanish Interpreters

An Honors Program Project Presented to
the Faculty of the Undergraduate
College of Health and Behavioral Studies
James Madison University

by Sarah Josephine Kraska

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Accepted by the faculty of the Department of Health Sciences, James Madison University, in partial fulfillment of the requirements for the Honors Program.

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Abstract

This study aimed to investigate how the Spanish language and culture affects treatment, access to healthcare and perceptions of medical visits within the Hispanic population. This was examined through the viewpoint of medical Spanish interpreters in the Harrisonburg community. Quantitative data served to provide descriptive statistics regarding these interpreters, while qualitative data was used to gather data about themes and subthemes that were developed regarding this topic. Language was found to not be a significant barrier, but culture did have a significant affect. It was found that these barriers affected access to care because of lack of information, education levels and insurance. Hispanic patients usually go to medical clinics for emergencies, which was related to lack of information about the medical system in the United States. Interpreters were available for patients to use and easy to access, and it was perceived that interpretation plays an important role in the healthcare of the Hispanic population.

Chapter 1: Introduction

The prevalence of Hispanics in the United States who do not speak English is significant in the area of healthcare. Current studies suggest that a Spanish language barrier exists in health settings in many areas of the country. It has been researched that Hispanics in the United States are more likely to struggle in their access to health care than English-speaking Americans (Granados, Puvvula, Berman, & Dowling, 2001; Hubble, Waitzkin, Mishra, Dombrink, & Chavez, 1991). Those born in Spanish-speaking countries experience difficulty communicating with and understanding their health care providers, which has shown to be a barrier to health care. It has been shown that Hispanics utilize healthcare services less than English-Speaking Americans. (Ortega, Fang, Perez, Rizzo, Carter-Pokras, Wallace, & Gelberg, 2007). A patient's ability to understand English can affect the quality of care they are given by clinicians (Roberts, Irvine, Jones, Spencer, Baker, & Williams, 2006). According to Schinske, limited-English proficient patients are discriminated against, not given translated instructions, are not always given the option of interpreters and are not fully informed of procedures or medications (Schinkse, 2005). Overall, Spanish-speaking Hispanics lack easy access to health care or preventive health services are compared to English-speaking Hispanics (Dubard & Gizlice, 2008). This study aims to explore the effects of language and cultural differences in Spanish-speaking patients in the American health care system, and how this affects their access to health care and treatment. This will be accomplished by gathering data from medical Spanish interpreters, and their perceptions of patient's visits with doctors.

A patient's ability to understand English can affect the quality of care they are given by clinicians. Many Hispanic patients have reported difficulty in communication with English-speaking doctors and therefore, many believe that they would have received better care if they

were a different race or ethnicity. As a result of this barrier, Hispanics more often refrain from accessing further health care. This research will help to bring awareness to the issues within the health care system for people who do not speak English, and the need for interpreters in that setting.

Definition of Terms

Hispanic = people of Spanish, South America, Central America, or Caribbean descent who speak Spanish as their primary language

Interpreters = someone who mediates communication between speakers of two different languages

Chapter 2: Review of Literature

Hispanic population in United States

According to the 2010 United States Census, there are 50,477,594 Hispanics in the United States, and 631,835 of them currently reside in Virginia (U.S. Census, 2010). Hispanics are the population of the largest ethnic minority in the United States (Center for Disease Control and Prevention, 2004). Of this population, 98% of them have reported to speak Spanish as the primary spoken language at home (Berland, G. K., Elliott, M. N., Morales, L. S., Algazy, J. I., Kravitz, R. L., Broder, M. S., Kanouse, D. E., ... McGlynn, E. A., 2001). Those who speak Spanish at home have also reported to have an inability to speak English proficiently (DuBard and Gizlice, 2008). Hispanics are more likely to be uneducated and unemployed than non-Hispanics. They are also less likely to have good health, health insurance and a regular health care provider (Center for Disease Control and Prevention, 2004). Such barriers to health contribute to health disparities among the Hispanic population.

Health Belief Model

According to Documét and Sharma, perceived barriers to health care access were a main factor in Hispanic patients. The extent of these barriers was so great that Hispanics were found to only seek care if symptoms were severe. Another common theme they found was that perceived susceptibility or perceived severity within this population was not very strong, and resulted in neglect of receiving preventive care (Documét & Sharma, 2004). This study aims to further examine perceived barriers, perceived severity, perceived susceptibility, and perceived benefits.

Language barriers for Hispanic patients

Language is a large factor that affects health care services used and satisfaction with these. Since the majority of the Hispanic population speaks Spanish primarily in the home,

medical care and health information that is only in English can serve as a barrier for access to care (Berland, Elliott, Morales, Algazy, Kravitz, Broder, Kanouse, ... McGlynn, 2001).

Undocumented Hispanic immigrants are most likely to indicate difficulty in communicating with and understanding their health care providers, and difficulty obtaining access to health care.

Specifically, Mexican-born immigrants are less likely to have routine physician visits and have the most problems understanding their health care providers (Ortega, Fang, Perez, Rizzo, Carter-Pokras, Wallace & Gelberg, 2007). Hispanic patients reported difficulty in communication with English-speaking doctors when they visited a Pennsylvania clinic that did not provide the option for interpreters (Documét & Sharma, 2004). In a study done regarding availability and accuracy of health information on the Internet, there was a significant deficiency in the amount of important conditions covered in Spanish websites than in English websites, but the information that was available was proven to be accurate. This gap in information available could negatively affect whether to seek care or treatment (Berland, Elliott, Morales, Algazy, Kravitz, Broder, Kanouse, ... McGlynn, 2001).

Cultural differences in healthcare practices

The Hispanic culture views personal, committed and comforting relationships with health care providers as one of the most important factors in receiving health care, according to qualitative observations made by Documét and Sharma. They value the subjective approach to care rather than objective. In contrast, the biomedical system of practice used by health care providers in the United States encourages impersonal relationships and restrictions on time spent with patients. This causes Hispanic patients to perceive it as a lower quality of care (Documét & Sharma, 2004). There is also widespread belief that supernatural forces and spirits are the cause for some disease and distress. Therefore, the Hispanic culture stresses the influence of religion,

fear and fatalism in the cause, treatment and prevention of diseases (Murguía, Zea, Reisen & Peterson, 2000; Wallace, Pomery, Latimer, Martinez & Salovey, 2010).

Access to healthcare for Hispanic patients

According to Healthy People 2010, one of the top factors indicating health and well-being is access to health care services (US Department of Health and Human Services; Documét & Sharma, 2004). However, the Hispanic population is the ethnic group in America with the worst access to health care and insurance. A study done by Ortega, Fang, Perez, Rizzo, Carter-Pokras, Wallace and Gelberg in 2007 found that Hispanic immigrants have the lowest use of health care services compared to whites and US-born Hispanics. Hispanic immigrants are also less likely than the previous mentioned populations to report “excellent” or “very good” health status, and to hold health insurance (Ortega, Fang, Perez, Rizzo, Carter-Pokras, Wallace & Gelberg, 2007). Instead of seeking health information from healthcare professionals, most Hispanics seek advice through other sources, such as family, friends, television, and community newspapers (Vanderpool, Kornfield, Rutten, & Squiers, 2009). Nationally, 37% of Hispanics lack health insurance and 26% have no regular source of health care (Brown, Ojeda, Wyn & Levan, 2000, Documét & Sharma, 2004). A study done by Documét and Sharma found that acquisition of health insurance was significantly affected by income, education and region of birth in Hispanic patients. The amount of time a Hispanic person has been living in the United States has a significantly negative effect on health insurance. In turn, this possession of insurance significantly affects whether or not the patients visits the doctor. Most Hispanics that were surveyed by Documét and Sharma with a low income lacked health insurance because they could not afford it and did not have the information and resources to obtain insurance. Therefore, they avoided receiving formal health care due to dissatisfaction with previous visits. Instead, they

obtained health care through associates in their communities, which provided them with fast and free care. In addition, most Hispanics do not receive preventive care because the lack of this does not impose any immediate consequences. Some will not see a health care provider until they are extremely ill (Documét & Sharma, 2004).

Use of interpreters in clinics

It is ethically crucial that interpreters are provided as an option to facilitate communication between physicians and patients. The National Standards for Culturally and Linguistically Appropriate Services, or the CLAS Standards, was developed by the US Department of Health and Human Services Office of Minority Health. This requires that an interpreter must be present in any primary care visit in which the language between practitioner and patient are not mutual. Interpreters are trained to only interpret the message between patients and providers, without adding, omitting, or explaining any extra information to either party involved. However, there is no training on how to effectively communicate being the intermediary, as the patients and providers will have to adapt to the changed structure of a visit. The interpreter can even serve as another barrier of communication between the patient and their health care provider (Estrada, Reynolds & Messias, 2015).

Effects on treatment and quality of care

As a result of communication barrier, undocumented Hispanic immigrants believed that they would receive better care if they were a different race or ethnicity (Ortega, Fang, Perez, Rizzo, Carter-Pokras, Wallace & Gelberg, 2007). Documét and Sharma suggest that Hispanic people who are not born in the United States, and are most likely not acculturated, have less access to and poorer quality of health care (Documét & Sharma, 2004). Paralleling this is the finding that Hispanics are less likely to receive preventive healthcare, such as immunizations or

screenings (DuBard and Gizlice, 2008). Some Hispanic patients who were surveyed by Documét and Sharma reportedly felt that they received inadequate health care because of their Hispanic ethnicity. As a result of poor quality of care, results showed that most Hispanics refrained from accessing further health care (Documét & Sharma, 2004).

Chapter 3: Methodology

Introduction

Based on a thorough analysis of literature, language and cultural differences have been shown to be a barrier in the Hispanic community in regards to access to and treatment of healthcare (Center for Disease Control and Prevention, 2004). This affects quality of care patients are given by healthcare professionals (Documét & Sharma, 2004). The purpose of this study is to examine the effects of language and cultural barriers on Spanish speaking patients in health settings, as observed by medical Spanish interpreters. This question was asked of how do medical Spanish interpreters perceive that these factors impact the Hispanic population's treatment and access to care?

Sampling

Purposeful sampling and specific criteria were used to determine subjects for this study. These criteria included medical interpreters who spoke Spanish because they were determined to best answer the research question involving the Spanish language, medical settings and interpreters' viewpoints. Another criterion was working with a sample of medical Spanish interpreters Harrisonburg area, for convenience of data collection. This study was approved by the Institutional Review Board (IRB) of James Madison University. Subjects were recruited by voluntary participation through Blue Ridge Area Health Education Center (AHEC) and the Free Clinic. The researcher worked directly with the interpreter coordinator at AHEC and indirectly with the interpreter coordinator at the Free Clinic in order to select participants. Through this contact, the researcher attended a meeting for interpreters of AHEC and used email announcements to provide information about the topic to AHEC and Free Clinic interpreters (see Appendix B). This study included nine subjects recruited from the community and was intended

to be used as preliminary data about this research topic to stimulate further research. Subjects were informed that all information would be confidential and they were not subject to any more than minimal risk by participating in the study.

Procedures

Interviews were conducted in-person at Blue Ridge Hall on James Madison University's campus. During the interviews, subjects were asked to sign informed consent to participate in research, where they were made aware that participation was voluntary and confidential (see Appendix C). They also completed a demographic survey of nine questions (see Appendix D). This included questions about age, nationality, and sex of themselves and their clients, as well as facilities they have interpreted, number of years they have interpreted, and quality of treatment they perceive their clients to receive. The interview itself consisted of fifteen questions within the categories of language and cultural barriers, healthcare access, treatment, interpreting and improvement (see Appendix E). These questions were created by the researcher, but influenced and derived from interview questions used in studies by Documét and Sharma (2004) and Ortega, Fang, Perez, Rizzo, Carter-Pokras, Wallace & Gelberg (2007). This portion was recorded using a recording device, in addition to note taking, and transcribed into physical data.

Research Design

This research was a qualitative cross-sectional design study. The research process focused on deriving meaning from inductive analysis of data and drawing comparisons. The researcher was the primary instrument of data collection and analysis.

Research Question

How do medical Spanish interpreters perceive that language and cultural differences impact access to health care for the Hispanic population, and how does this affect their treatment?

Data Analysis

Quantitative data from the demographics survey was analyzed using descriptive statistics on Statistical Package for the Social Science (SPSS). Qualitative data was transcribed from audio recordings to physical data on a Word document. Each person was given a pseudonym so as to remain confidential. This data was analyzed by gathering themes and subthemes from the transcribed interviews. These were derived from the literature, as well as emergent themes that were developed upon analysis of interview data. The subthemes were developed first, and each one was given a numbered code to ease in categorizing. These were then sorted into broad categories by the researcher. The data was also compared among participants. In addition, the codes, themes and subthemes were verified with a faculty advisor to increase validity of the research.

Chapter 4: Results

Descriptive statistics were used to gather data regarding the participants of this study, which is presented in Table 1. Findings indicated that the majority of interpreters were female. The average age of interpreters was 47 years old, with a range of 19-78. Most interpreters identified themselves as American, with some identifying as having Hispanic descent. The numbers of years the participants have been working as an interpreter ranged from 11 months to 13 years. Demographic information was also gathered on the clients that interpreters work for. The age of patients they interpret for was a very wide range, with the youngest being 7 years and the oldest being 80 years. The typical nationality of patients was Central American, South American, and Mexican, with some being Caribbean. Interpreters were asked to rate the quality of treatment they perceive their clients to receive on a scale of 1-5, with 1 being very poor and 5 being excellent. Overall, all interpreters perceived that their clients received excellent or very good treatment from medical providers. Interpreters reported that they work for Blue Ridge AHEC, Free Clinic, Harrisonburg City Public Schools (HCPS), Blue Ridge Legal Services, Department of Social Services, Rockingham Memorial Hospital (RMH), Harrisonburg-Rockingham Community Services Board (CSB), Home Health, and Family Center.

Table 1. Demographic Information on Participants

	n	%
Sex		
Male	2	22%
Female	7	78%
Age		
15-25	2	22%
25-35	0	0%
35-45	2	22%
45-55	2	22%
55-65	0	0%
65-75	2	22%
75-85	1	11%
Nationality		
American	4	44%
Non-American	5	56%
Years working as interpreter		
Less than 1 year	1	11%
1-3 years	4	44%
4-6 years	2	22%
7-10 years	1	11%
More than 10 years	1	11%

This study aimed to answer the question of how medical Spanish interpreters perceived that language and cultural differences in Hispanic patients affected their treatment and access to health care. The data was categorized into themes and subthemes, presented in Table 2. The themes derived from the results included language, culture, perception of medical staff, healthcare access, and interpretation.

Table 2. Qualitative Interview Themes and Subthemes

Themes	Subthemes
Language	Misunderstanding Bilingual or Hispanic medical providers Lack of translations
Culture	Hispanic medical practices Treatment Importance of healthcare
Perception of medical providers	Fear Time Demeanor
Healthcare access	Uninformed Education level Insurance
Interpretation	Family interpreters Availability Consistency Necessity Transparency Training

Language

Misunderstanding

Participants reported that patients were generally able to understand physicians during their visits, despite the language barrier that existed. If any barriers based on language were mentioned, they were about the ability of the interpreters to provide correct wording and information to the patients. Many participants feared that their dialect and choice of vocabulary would not give patients the meaning they intend.

I'm not sure...if an interpreter always knows which words – so you can interpret the words, but which words the patient would understand...So the same thing could happen maybe across other countries 'cause of the way – the pronunciation of things are

different, the expression of things are different so it could be hard to be an expert in every dialect. Um, so yeah, I think that could lead to some discomfort...if I have an accent.

(Carly)

Participants noted that there are different dialects and vocabulary in the Spanish language that varies between Spanish-speaking countries of Central America, South America, the Caribbean and Spain, which could add to the misunderstanding.

Bilingual or Hispanic medical providers

Nearly every participant in this study reported that the best way to eradicate any language barrier that exists would be to have bilingual or Hispanic medical staff. Participants reported that most of the medical staff does not speak Spanish, but some facilities employ providers who are bilingual or Hispanic. It was reported that an increasing amount of healthcare facilities see the need for bilingual staff and have taken action to hire more. These new employees are not only doctors or physicians, but counseling staff, directors for the eligibility process, receptionist staff, and managers, as well. One area interpreters frequently reported that bilingual staff does not exist is in nursing. The interpreters reported that the first part of the visit, when the nurse is taking vitals and doing a preliminary assessment, is sometimes the only thing they interpret. From there, they say that doctors who are bilingual will be able to communicate with the patients easily, and the interpreter is not needed in the room.

And those doctors even, you know, sometimes they say, “If you want to just leave the room, I can handle this by myself, you know, if they’re bilingual doctors...So it seems to me like an incredible thing, you know. (Samantha)

Two interpreters even expressed concerns that patients they interpret for may not feel comfortable with them because they are not Hispanic.

Well yeah, the best way would be for more medical personnel to be bilingual and more patients to learn English (laughs), so that they communication could have a direct link...I know my job depends on this not happening, but yeah I always think, you know, the best thing would be just be for folks to be able to communicate directly. (Samantha)

Interpreters say that having more bilingual healthcare providers would make the visit overall more beneficial for the patients.

Lack of translations

Some interpreters mentioned the need for translated documents and medical instructions. It was reported that medical information and instructions are clear to patients at the time of the interpretation, but are not able to be recalled or remembered afterward.

So it's a question of whether or not they remember the doctors', um, you know, instructions in terms of prescriptions, or in terms of any other thing that the doctor may be advising them to do. It's, um, it's what they hear and remember. (Kyle)

Another interpreter suggested that the situation and circumstance could also affect how much the patient remembers.

I mean, I go over it with them, but, you know, depending on the patient's state of mind, they may not be all that receptive and they may just be overwhelmed by the whole experience if it's, like, two o'clock in the morning and all that. (Emily)

Most written information such as medical forms, brochures about medical treatment, and instructions about prescriptions, doctors' suggestions, or discharge instructions are in English.

I think the, the, um, hard copies of consent forms, aftercare instructions, any of those things, all of the brochures, you know how they have brochures, um, you know, I just

don't think they're out there in all the possible languages that they can just pick up.

(Danielle)

The interpreters said they will translate for the patients in the office, but one interpreter explained that there were specific guidelines and rules about translating that most interpreters do not know, because they are not trained to be a translator. If the patient does not remember the information, they need to find someone at another time to translate for them.

Culture

Hispanic medical practices

The majority of interpreters in this study supported the fact that culture affects patients' perceptions of a visit. One interpreter reported that Hispanic people tend to connect their beliefs with physical ailments. For example, she describes a phenomenon in the Hispanic culture called "mal de ojo", which is a type of witchcraft. This occurs when a woman's young child gets sick; she believes the reason for the sickness is that someone else was jealous of her child and stares at them in an envious way. One Hispanic interpreter reported that doctors who are not of the Hispanic culture may not understand cultural practices of healthcare.

Caucasian doctors don't understand, like if we... have like certain things, like, um, home remedies that they practice and, um, they'll tell those to the doctor and the doctor will probably be like, "No that's weird, that's really crazy."...And so maybe that would be one of the ways that limits us to be like more open. Because I feel like sometimes they're almost embarrassed to tell the doctor. (Jack)

Interpreters reported that most patients will not disclose information to American doctors because they realize that they do not understand their cultural practices, which can inhibit the care that they receive.

Treatment

Every interpreter that participated in this study reported that the Hispanic patients they interpret for only see the doctor for emergency visits, instead of check-ups or preventive care. They say the only routine visits they interpret for are for chronic illnesses, commonly diabetes and high blood pressure, which need constant monitoring. One interpreter suggested that a possible reason that patients only go to the doctor for emergency visits could relate to culture, because preventive care is not emphasized as an important part of healthcare in most other Spanish-speaking countries (Documét & Sharma, 2004). Interpreters say the only types of preventive care are vaccinations for children. Most Hispanic people care for ailments on their own through home remedies. Interpreters reported that before going to a doctor, patients would try everything they know and suggestions from people in the community. They view going to the doctor as a last resort if everything else has failed.

So they wait until they need it. Uh, I don't think many of them are accustomed to the, uh, routine doctor visits. You only go to the doctor if you're sick. You only go to the hospital if you're ready to die. (laughs) You don't – preventive care, I don't think is, uh, a commonly understood phenomena for them. Um, so it's usually need it – go. (Kyle)

One interpreter explains that a possible reason Hispanic patients may not want to go to the doctor is because of medicine. He says that the United States healthcare is very medicine-based, and that is most likely the treatment patients will be given if they see the doctor. However, he explains that Hispanic patients have concerns about side effects and believe that treatment can occur without the use of medication.

Importance of healthcare

Another factor of culture is that Hispanic patients may not view healthcare as a priority and something that they need to maintain regularly.

I think that could partially be a cultural thing. Um, it kind of goes along with the *mañana* aspect of culture – “Well if I don’t show it’s not that important.” You know, and that especially shows up in what I would call the more preventive, uh, services we provide...Probably because they don’t think it’s that important, yeah. (Kyle)

It was also reported that Hispanic people do not understand the role and importance of primary care physicians.

I see that as probably the biggest obstacle to, um, accessing health care in the United States for most of my patients, is that they don’t understand that you have to have a primary care physician and he’s the one, or she’s the one that, kind of, you know, starts the process going every time you have a health care need, you know, it has to go through that person. (Samantha)

According to the interpreters, most Hispanic patients do not understand the process of obtaining healthcare and treatment. Primary care physicians are not familiar to them because that is not typically required in Spanish-speaking countries. They do not realize that regularly seeing a primary care physician can serve as preventive care and help in accessing other healthcare services, such as seeing specialists. When they are in the United States, then, Hispanic patients assume that the only places to get treated for sickness or pain are free clinics or the emergency room in the hospital.

Perception of medical providers

Fear

The Hispanic culture tends to obey authority without question, and medical professionals are no exception.

It's kind of like, you know, doctors are held in respect, um, doctors, teachers, um, maybe, you know and I know they are high here too, but here I think it's more common to question a doctor or to ask questions, you know? ...So, um, yeah I think that's a big cultural difference and people just probably don't really feel comfortable doing it, um, you know, they possibly don't even understand they have the right to do it, you know?
(Samantha)

Since doctors are held in such high regard by the Hispanic community, patients may even fear the doctors. One reason for this that was mentioned by some interpreters includes the fact that doctors have higher education, typically. Patients do not believe they have the right to question the doctor's treatment, which may lead to confusion in information or poor adherence.

Time

Even though some medical providers will take the time to explain information to patients, some other interpreters expressed concerns about not spending enough time with the doctors.

I would say we as, like, a Spanish community would perceive things as, um, we would kind of feel better if our, like, medical care was tended to a little bit more, um I guess kind of patiently. Not rushed, because I feel like a lot of the, um, doctors around here, um, kind of rush. They have like fifteen minute squares or less and they try to just bam, bam, bam. Just like, I don't know, it's almost like they try to be too efficient, they don't spend more time. (Jack)

According to the interpreters, patients would feel more comfortable with their medical providers if they perceived the doctors to have patience in talking with them and giving them treatment.

The may not always understand what the doctor is saying to them and may need more clarification. In some cases, interpreters say that they will ask the doctor to clarify or expand on ideas more. A few interpreters reported that medical providers take a bit more time with those patients to make sure they understand fully. They will do a physical demonstration with visual aids, or explain slowly step by step what the treatment is.

I would say that they go the extra mile in using terms, or even picture or drawing demonstrations, um, of what their treatment is to be or has been...Because they go over it, they ask, "Does the patient have any questions?" They take the time to, um, ask the patient constantly, "Do you understand? Is there anything else that you want explanation in?" And they do. (Laura)

Participants report that they will also perform the visual demonstrations along with the doctor while interpreting, to make the information even more clear. Additionally, in Spanish-speaking countries, medical care is typically provided by family doctors who live amongst them in the community. These doctors are almost always available to provide help, even without appointments. Hispanic patients are accustomed to receiving medical care whenever they would like.

Demeanor

In addition to the doctors, perception of receptionist staff is a factor in the perception of the visit. The majority of interpreters reported that the receptionist staff treats the Spanish-speaking patients respectfully and kindly. Most said they did not perceive the receptionists to treat them any differently than they would patients who spoke English.

They treat them with great deference and kindness. (Erin)

If they did encounter rude or disrespectful receptionist staff, the interpreters attributed this to a situation instead of their personalities. One interpreter reported that this may occur on occasion.

So it's, it's kind of uncomfortable, or can be uncomfortable, depending on how much work that they have, what mood they're in, or what they perceive their job to be. (Emily)

This interpreter said that demeanor of receptionist staff is particularly important because it is the patient's first encounter with the medical facility. She said that this can affect whether or not the patient will choose to return to that facility, or to any facility as a whole, for treatment.

Healthcare access

Uninformed

Interpreters in this study expressed concerns that Hispanic patients may not always know where to go to get the help that they need. It is perceived that patients only know about the services at the hospital, but not always other medical facilities that will provide more appropriate services. One interpreter thought that information about the Free Clinic was not easily accessible to the Hispanic population.

There's probably more people that don't get care than do because they don't know what's out there, like what's offered to them. (Jack)

Most patients go to the hospital for treatment first, but another interpreter mentioned that information about other clinics, such as the Free Clinic, is available by the hospital if the staff feels that would help patients better.

Um, they may not understand the Free Clinic's role in the community as well as people who speak English...Um, but the other thing is, it's um, it's a lot of coordination between the health services. So, like, the hospital does not like to see patients always coming to

the emergency room, so they refer them to the Free Clinic if they feel they're eligible. So, in that sense, uh, you learn about the Free Clinic. (Kyle)

One interpreter decided to provide additional services for the patient she works for and informing them in the best way possible.

As an interpreter, I feel like I'm advocating for the patient, and I say, "Oh by the way, this is where you can – you know, this is information." ...I offer them if they don't understand what an advanced directive is, I show them. It's in English, but if you have somebody... So I constantly carry a bag with me with those materials; financial application, advanced directive, um, the health resource line, they have these little booklets and I give them a page. Um, so the resources that I find that are constantly being asked about – I tend to have those tools in my bag, so I offer it to the patient. (Laura)

The lack of information about medical services in the United States can affect access to care for Hispanic patients.

Education level

Education level may be a factor in healthcare access, as well, because the majority of patients that these interpreters are working for have a very low education level, generally between second and fifth grade.

I have interpreted for several people who can't sign their name, they put an x on the line... so that would be difficult even in your own language to understand, you know, medical procedures and things. (Samantha)

Hispanic patients with such low education levels do not understand medical vocabulary and treatment to begin with, and a language barrier only exacerbates this.

Insurance

Another factor that effects care is finances and insurance. Many of the patients have Medicaid and can get healthcare through that, but for the ones that do not have insurance or help from the government, finances can affect whether or not a patient goes to see a doctor.

You don't spend money that you don't have, you know, when you don't have extra money, you don't spend it on health care, you know. And they know that health care is costly here, so you know, why would you spend eighty dollars on a consult that you don't seem like you need because you're well, you know? (Samantha)

These interpreters perceive that patients who lack insurance do not have sufficient access to medical care.

Interpretation

Family interpreters

Most Hispanic people speak Spanish in their home as the predominant language, but their children learn English in school (Berland, G. K., Elliott, M. N., Morales, L. S., Algazy, J. I., Kravitz, R. L., Broder, M. S., Kanouse, D. E., ... McGlynn, E. A., 2001). The interpreters reported that occasionally, patients will bring family members, specifically children, with them to doctor visits, but they will not be used to interpret for their parents.

Often when people take a family member, they won't even use the family member to interpret because the person's not professionally trained, or maybe they're a minor and you can't use the minor. (Samantha)

The interpreters did say that using family members that speak English could be helpful for factual questions, for example, determining eligibility for health insurance.

Availability

Almost every interpreter reported that interpreters were available for patients to use if they needed it.

Um, we can, here, our services can fill most appointment requests that we get, most of the time. I think our fill rate in Spanish is probably 96-97%. (Danielle)

The interpreters also noted the ease with which this happens. Most said that it was provided by the clinic or healthcare facility, and that the patient did not need to request this on their own.

And as far as I know, every person, um, that needs an interpreter at the hospital gets one. And so you wouldn't get an appointment without an interpreter unless you didn't want an interpreter... So, yeah, I mean, they're pretty proactive about finding interpreters.

(Samantha)

Not only is it easy, but in some places, there are different ways that interpretation can occur during the doctor visits.

In the ED (Emergency Department), they go in, they have three options. They have an in-person interpreter if available, and we also offer over the phone interpreter and we also have a video, um, via satellite, interpreter that we can bring in. (Laura)

At some facilities, it was required that patients request an interpreter if desired. However, the interpreters reported that this information was also readily available to patients through a form to fill out or textual bilingual information at the front desk. At most facilities, though, medical providers were responsible for arranging interpreters to be present, instead of it being the patient's responsibility.

Necessity

When asked if there was a need for more interpreters where they worked, most participants reported that there seemed to be enough. However, most also mentioned that the facilities can always use more interpreters.

Well, they can always need, they can always need more volunteers. But, um, there are not that many people who volunteer to interpret. (Erin)

Every interpreter stressed the constant need for interpreters and the importance of having one in the patient's doctor visit.

'Cause, I mean if there is not interpreter provided, then there's really no other way they could communicate (laughs) unless they bring, like, a family member that will interpret for them or if they walk in. I mean it's just, it's needed, it's really needed...I feel like there could be more places, the places that don't offer interpreters should, should give it a chance, cause I mean, it's important, it's really important. (Michelle)

It was clear through these participants that interpretation is a crucial part of a Hispanic patient's medical care experience.

Consistency

The Hispanic population finds it very important to have a personal relationship with their healthcare providers in order to trust them and feel more comfortable (Documét & Sharma, 2004). Since they need to work with interpreters so closely, one participant felt it important to have a personal relationship with them as well. She expressed satisfaction with the consistency at her workplace for the benefit of the patient.

One thing that's very good about the Free Clinic is that there's a, there's a group of patients, you often see them over and over again, so when you do see them, you know their name, you know about their background already, and you form a relationship with

them, and you see them over and over again. And that's a much better experience than with a patient at AHEC who's going to get a different interpreter every time. (Carly)

Consistency within the interpreters could aid in comfort for the patients.

Transparency

When asked about comfort levels working with the doctor and the patient as an interpreter, nearly every participant mentioned the discomfort with doctors who do not comply with the interpreter's request for transparency. During a pre-meeting with the doctor, the interpreters reported that they will tell the doctor to look at the patient and address them in the first person by saying the word "you", instead of looking at the interpreter and saying the words "she" or "he". Participants mentioned that some doctors are not used to working with interpreters, and will forget to do this, or may not feel comfortable at all. One interpreter explains that the purpose behind this type of communication is to make the patient feel as comfortable as possible.

I mean, the interpreter basically isn't even there; you're just translating what the person's saying. Other than that, they should be – see that's the thing, you just have to make them know that. They should feel comfortable 'cause if they don't they're not gonna speak up... And if then both sides understand it, the message is, you know, transparent. So, yeah, that's the thing, you have to make yourself transparent. You have to make sure they're talking to each other. They're just gonna hear you, um, but other than that it's just like they're talking to themselves. (Michelle)

Training

One of the emergent themes from the research was one regarding training of interpreters. Participants who have worked in multiple different facilities were able to compare their

experiences and reflect on the benefits or disadvantages of the training that they received. Some of the useful parts about training that were mentioned were limiting the involvement that interpreters can have, to enable as much transparency as possible.

And in some ways, that's a good thing, because the training [they] gave has very specific reasons for that training. And one of them is simply that the interpreters shouldn't jump in, get involved in the whole thing because they're not a trained physician or nurse, which I mean that's the reasoning and I understand. (Carly)

The training is also beneficial because it helps the interpreters to keep updated and refreshed on new a review of medical terms. This will help to ease in interpreting and provide the most accurate information for patients.

And for interpreters to always be on their game, basically, study, be prepared for whatever comes...If like the interpreter didn't say something accurately (laughs), that's why you gotta study for it. (Michelle)

A disadvantage of the training that was mentioned is that sometimes it can be too limiting, and the interpreters may feel the need to interject, but know they are not allowed.

I think there needs to be something developed that explains – that would be part of a training that explains, gives interpreters more options for, in certain situations, um, stepping in...Or if, um, the doctor says a word that you don't, the interpreter does not understand, you can say, "The interpreter needs more information about that medical word", and then you can interpret what – so you can jump in. (Carly)

This brings to awareness the importance of training for interpreters to ensure that patients are getting the best possible care.

Chapter 5: Discussion and Conclusions

The literature supports the fact that language is a major factor in inhibiting Hispanic patients from getting adequate healthcare (Berland, Elliott, Morales, Algazy, Kravitz, Broder, Kanouse, ... McGlynn, 2001). This study, however, found that language did not play a significant role in accessing healthcare. The interpreters felt that they were able to adequately bridge the gap between the patient and healthcare provider, based on their perceptions of the patients. Despite that, there are still improvements that can be made in the healthcare system for Hispanic patients. Different dialects and vocabulary may have affect on how interpretations are understood by patients. Therefore, the employment of bilingual staff would be beneficial to Spanish-speaking patients. Based on the interpreters' opinions, this improvement would make the patients more comfortable, ease the flow of communication, and provide more clarity in healthcare. Another suggestion is to have medical information and instructions in a translated version, so that patients can refer back to this later without needed someone to translate, which may be difficult to find or embarrassing. Having translated documents would make the process of obtaining treatment and getting accurate care smoother.

Culture has been found to be another barrier in the access to care and treatment of Hispanic patients (Documét & Sharma, 2004). The results of this study did support this idea and found culture to have a significant effect on Hispanic patients' willingness to get care and perception of healthcare in the United States. One main reason for this is the difference in medical practices between the United States and other Spanish-speaking countries, especially in how patients get access to care, the relationship with healthcare providers, and understanding healthcare. A major difference in Hispanic culture in relation to medical care is the connection between health and beliefs. It is often the case that patients will not seek out help immediately,

because they believe that they can fix their ailment themselves. They also are embarrassed to tell the doctor about home remedies because doctors have responded negatively to some patients. Hispanics should be able to feel comfortable continuing their cultural practices in the United States, instead of feeling the need to hide them. In response to this, healthcare providers should be educated on cultural competency in order to best care for these patients. They should also be more open to other treatments and creating a treatment plan to comply with beliefs of the Hispanic culture. Hispanic patients are also not aware of the necessity of preventive care, as this is not a common practice in Spanish-speaking countries. There should be more education for Hispanic patients that explains why this is important for them and how they can access preventive care. Hispanic patients typically do not understand the importance of primary care physicians, as well, since this is not common in their country of origin either. This can serve as a form of preventive care, and can also help in the future if they need medical assistance instead of going straight to the hospital. They would receive better and more individualized care, and would be more efficient than going to the hospital for emergencies or acute treatment.

Perception of medical providers also has an affect on healthcare within the Hispanic population. This study found that Hispanic patients' perceptions of medical providers are affected by culture, and that they do not feel as comfortable approaching the staff because of this barrier. Hispanics usually fear doctors and view them as being an authoritative figure that should not be questioned. With the added language and cultural barrier, this can be very restricting to their access of healthcare. In addition, medical practices in the United States often feel rushed. Americans are used to this, but that is not the culture of doctor visits in Spanish-speaking patients, so they perceive this to be impatience and lack of care by the healthcare provider. It was mentioned by the interpreters that some doctors will take extra time to clarify questions or do

physical demonstrations to the patients. Since the language and cultural barriers can inhibit full understanding, healthcare providers should be cognizant of that and offer extra information to patients. They should be aware that patients have a fear of questioning them and should present this information readily instead of waiting for patients to request it. It is important for doctors to spend time with these patients because it builds a trusting relationship and allows them to feel like they are getting the best care possible. This study found that most receptionist staff treated patients respectfully and did not show discrimination because of their language or culture difference. Patients' perceptions of medical staff, particularly doctors and reception staff, can effect on their willingness to receive treatment. Fortunately, the majority of doctors and receptionist staff that the interpreters have worked with have been accommodating and respectful to Hispanic patients.

Some factors affecting healthcare access are lack of information, education and finances or insurance. Information about healthcare services and facilities are may not be easily accessible to Hispanics because most of them are not very assimilated into American culture. They live and work amongst other Hispanics, and though they may have lived in the United States for many years, they still do not know how to speak proficient English. For this reason, information about healthcare is not as obtainable as it is for people who speak English. It was mentioned that the hospital in Harrisonburg sometimes refers patients that come in frequently to the Free Clinic instead. Information about the Free Clinic, other medical facilities, or even insurance plans should be available to Hispanic patients at the hospital. As referenced previously, this information should not only be available to patients, but also translated in their native language for more ease of access. Education level could play another role in lack of access and understanding of the healthcare system. People in America who have an education level of

second to fifth grade are children who rely on their parents for medical care. Adult Hispanic people with this level of education, and an added language and cultural barrier, have an even harder time accessing healthcare than American children would. English-speaking people living in the United States may not realize that Hispanic patients struggle in this way, but attention should be called to it. Therefore communities, hospitals and clinics should be aware of this and take action to provide information to this population in a way that they can understand. Finally, insurance is another factor that was mentioned in this study that can affect access to care. If patients are not eligible for Medicare, most of their medical expenses are out-of-pocket. Hispanic patients are aware of the costly healthcare system in America. If patients do not think they need medical care, they will not spend money on it. This affects not only getting treatment when needed, but also getting preventive care for their health in the future.

Interpreters in this study noted how important their jobs were for the benefit of the patient. Although family members can be useful resources to interpret in daily activities, they are often not used in medical visits. Healthcare and treatment should be taken seriously, and having a professional interpreter present is much more valuable to ensure that the patient is receiving accurate and satisfactory treatment. These interpreters are trained in the field, whereas, in most cases, family members do not have experience with medical terminology, or the healthcare system. One thing that was mentioned by almost every interpreter is the availability of the interpreter and the ease of accessing one. This is something that is done by the medical facility or provider, so the responsibility is not on the patient. As mentioned earlier, a barrier to accessing healthcare may be lack of information about the medical system, so providing this service to them is a way to overcome that barrier. It is the first step in making the medical visit as straightforward and obtainable as possible for Hispanic patients. It seems that in Harrisonburg,

there is a great amount of interpreters available to help Hispanic patients. However despite this, almost every participant reported the need for more. It is clear that there will always be a need for interpreters and a gap to fill in interpreter availability, to ensure that every single patient that needs an interpreter is able to have one. The amount with which the participants emphasized the importance of their job helped to bring awareness about the prominence of the Hispanic population and their need for help in communicating with English-speakers. A part of the culture of Hispanic people is to have trusting relationships with their healthcare providers. This may stem from the societal norm in Spanish-speaking countries that doctors were close members of the community that were well-known by all families. Since interpreters are present in medical visits just as much as healthcare providers, forming a trusting relationship with them may be just as important. Having consistency within interpreters could make patients feel more comfortable conveying their symptoms, concerns or questions. The interpreters seem to have a very clear understanding of how their job should function best, and are very professional about it. One part of their job that was mentioned frequently was transparency throughout the visit, of only serving as a liaison between the healthcare provider and patient. Healthcare providers may forget this structure, and use third person words, but interpreters reported that they are quick to correct doctors about that. Having a core training so that all interpreters are able to do the same, for the benefit and ease of the patient, is important. Training is another area that many participants mentioned as being either needed in their workplace, or something they feel has adequately prepared them to help a patient. After hearing the differences in those who were trained and those who were not, there should be a portion of training required for all interpreters. This will help to maintain a professional atmosphere, ensure complete transparency of the interpreter, and guarantee that the information interpreted to the patient is as accurate as possible. Interpreters

should be required to review their vocabulary and knowledge constantly to be refreshed. However, training should not be so much that it is limiting to what the interpreter feels is important to communicate to the patients.

The limitations of this study include recruitment of participants and sample size. The data collection of this study was delayed due to participation and scheduling of interpreters. If an incentive was used to recruit participants, there may have been more willingness to participate. The criteria for participants did not allow for a large sample size, because it was only examining Spanish interpreters. The small sample size may have influenced the findings of this study.

Since the sample size was so small, further research may be successful in expanding the population by researching a larger area or interpreters of other languages. Another question to explore further is how does the role of interpreters reduce the barriers that are created by language and culture. Given that most of the participants mentioned the necessity of training for interpreters, another area of further research could be analyzing the differences in professionalism, accuracy and reliability of interpreters that were trained compared to interpreters who did not receive training. Other research could examine barriers due to translations instead of interpreters, because this was an issue that was mentioned by interpreters who were not trained as translators.

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Appendix A: Recruitment Letter

Are you a Spanish language interpreter in the Harrisonburg area? Would you like to talk about your experiences working as one, the need for interpreters and any improvements that can be made for medical care in the Hispanic population?

My name is Sarah Kraska and I am a senior at James Madison University. I am working on my Senior Honors Thesis, in which I am researching the effects of language and cultural barriers on Spanish speaking patients in health settings as observed by medical Spanish interpreters. I would like to invite you to participate in my study by coming to an interview. If you are interested, please respond to this email at kraskasj@dukes.jmu.edu. Please include which times and days work best for you from Monday-Friday. Thank you!

Appendix B: Consent to Participate in Research

Identification of Investigators & Purpose of Study

You are being asked to participate in a research study conducted by Sarah Kraska from James Madison University. The purpose of this study is to examine the effects of language and cultural barriers on Spanish-speaking patients in health settings as observed by Spanish interpreters. This study will contribute to the researcher's completion of her Senior Honors Thesis.

Research Procedures

Should you decide to participate in this research study, you will be asked to sign this consent form once all your questions have been answered to your satisfaction. This study consists of focus groups or interviews that will be administered to participants in Blue Ridge Hall on JMU's campus. You will be asked to provide answers to a series of questions related to language and cultural barriers to health care, access to health care, and availability of interpreters in Harrisonburg. You will be audio recorded during the focus groups/interviews.

Time Required

Participation in this study will require approximately 1 hour of your time.

Risks

The investigator does not perceive more than minimal risks from your involvement in this study (that is, no risks beyond the risks associated with everyday life).

Benefits

There is no direct benefit to participants in this study. You will have the opportunity to share experiences with other members of the focus groups and expand your knowledge on current issues within other interpreters in Harrisonburg. This study will benefit the health field as a whole by adding to the research and bringing awareness about the barriers of Spanish-speaking patients in health care through the viewpoint of an interpreter.

Confidentiality

The results of this research will be presented at the Honors Symposium. The results of this project will be coded in such a way that the respondent's identity will not be attached to the final form of this study. The researcher retains the right to use and publish non-identifiable data. While individual responses are confidential, aggregate data will be presented representing averages or generalizations about the responses as a whole. All data will be stored in a secure location accessible only to the researcher. Upon completion of the study, all information that matches up individual respondents with their answers, including audiotapes, will be destroyed.

Participation & Withdrawal

Your participation is entirely voluntary. You are free to choose not to participate. Should you choose to participate, you can withdraw at any time without consequences of any kind.

Questions about the Study

If you have questions or concerns during the time of your participation in this study, or after its completion or you would like to receive a copy of the final aggregate results of this study, please contact:

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Questions about Your Rights as a Research Subject

Dr. David Cockley
Chair, Institutional Review Board
James Madison University
(540) 568-2834
cocklede@jmu.edu

Giving of Consent

I have read this consent form and I understand what is being requested of me as a participant in this study. I freely consent to participate. I have been given satisfactory answers to my questions. The investigator provided me with a copy of this form. I certify that I am at least 18 years of age.

I give consent to be audio-taped during my interview. _____ (initials)

Name of Participant (Printed)

Name of Participant (Signed)

Date

Name of Researcher (Signed)

Date

Appendix C: Demographic Survey

1. How many years have you been working as an interpreter? _____
2. Which facilities do you interpret for?

3. What is your age? _____
4. What is the typical age of clients you interpret for? _____
5. What nationality do you identify with? _____
6. What is the typical nationality of clients you interpret for?

7. What is your sex? M or F or Other
8. What is the typical sex of clients you interpret for? M or F or Other
9. Please rate the quality of treatment you perceive your clients to receive. (1 = very poor, 5 = excellent)
1 2 3 4 5

Appendix D: Interview Discussion Guide

Good morning. My name is Sarah Kraska. Thank you for volunteering to participate in this discussion today. We are here to talk about medical interpreting for Hispanic patients and how it affects barriers, access to care and the treatment they receive. This discussion will provide information to my research and bring awareness to some issues that may be improved in the future. There are no right or wrong answers to these questions. I would like to hear opinions and input from everyone. I will be moderating the session and asking guiding questions to some key topics. I will be audio recording and taking notes on this discussion to assist in my analysis of the data at a later date. This information will all be kept confidential and names will not be used in recording data.

Language and Cultural Barriers

1. Do you perceive patients to have difficulty in understanding physicians during visits?
2. Are medical information or instructions clear to patients, even after interpreted?
3. Do you think that cultural differences in medical practice effects patients' perceptions of the visit?

Healthcare Access

4. Do you find that patients who do not speak English have more difficulty obtaining access to health care?
5. What kind of treatment do patients seek out first?
6. Do you find that patients come to clinics more often for checkups or for emergency visits?

Treatment

7. Do you think patients receive different quality of treatment because of their language barrier? Better or worse?
8. Do you think patients would receive better care if he or she were a member of a different ethnic group, or spoke English?
9. Do you perceive the receptionists at the front desks to treat patients respectfully?
10. Are there interpreters available at the front desk to assist patients?

Interpreters

11. Are there enough Spanish interpreters where you work, or does the facility need more?
12. How easy is it for patients to have interpreters in the doctor visit with them?

13. Do you perceive physicians and patients to be comfortable working with interpreters?

Improvement

14. How can medical visits be improved for patients who do not speak English?

15. Please share any other experiences you have had as an interpreter that will contribute to this research.