Overview of the Advantages and Disadvantages of Professional and Child Interpreters for Limited English Proficiency Patients in General Health Care Situations

Shelley Giordano, MS ARRT, RT (R) (MR)

ABSTRACT: Patients from linguistically isolated households with limited English proficiency present a difficult challenge to health care providers. Accurate medical interpretation is vital to providing the highest quality health care and these patients require the assistance of an interpreter to understand and relay information to the provider. The two sources for interpretation assistance to be discussed are the patient's children and professional interpreters. The purpose of this paper is to review the advantages and disadvantages of using professional and child interpreters for patients from linguistically isolated households in general health care situations. Child interpreters may provide more effective assistance for patients with specific dialects; however, the disadvantages such as role reversal in the family are of greater concern. Professional interpreters also have disadvantages, for example concerns regarding patient confidentiality, but they have been determined to be the optimum choice, resulting in fewer errors in translation, higher patient satisfaction, and improved patient outcomes. (J Radiol Nurs 2007;26:126-131.)

INTRODUCTION
In August 2004, the United States Census Bureau (USCB) released a report on the foreign-born population in the United States (The foreign born, 2004). The USCB report defines foreign-born people as those who were not US citizens at birth. According to the report, approximately 11.7% of the US population is foreign-born or 33.5 million people; of this group, 53.3% are from Latin America. In addition, the USCB released a report in October 2003 stating Spanish was the number one language other than English spoken in US households (Language use, 2003). The USCB report from October 2003 also included statistics on the number of households considered to be linguistically isolated. Linguistically isolated households were defined as households with no one 14 years of age or older who spoke English very well. The report stated that 4.4 million households or 11.9 million people fell into this definition.

The purpose of this paper is to review the advantages and disadvantages of using professional and child interpreters for patients from linguistically isolated households in general health care situations.

Shelley Giordano, MS ARRT, RT (R) (MR), is with Quinnipiac University, Diagnostic Imaging Program in Hamden, CT. Address reprint requests to Shelley Giordano, Quinnipiac University, Diagnostic Imaging Program, 275 Mount Carmel Avenue, Mail Drop EC-RSP, Hamden, CT 6518. E-mail: shelley.giordano@quinnipiac.edu 1546-0843/$32.00
interpreters for patients from linguistically isolated households in general health care situations.

For limited English proficiency (LEP) patients from linguistically isolated households, obtaining quality medical care is challenging because of the language barriers. It is important that LEP patients receive appropriate language assistance. Commonly, children provide interpretation services; however, they have limitations. Professional interpreter services, whether in-person or through telephone providers, can provide these services; but they also have limitations.

Greenbaum and Flores (2004) stated that providing correct medical instructions will improve the quality of the care provided to immigrant populations. The use of children increases the number of medical errors and poor clinical outcomes. Professional interpreters are the best option for medical interpretation assistance.

The goal of the interpreter is to provide the most accurate, unbiased translation of information between the patient and physician. The option of using either children or professional interpretation assistance has advantages and disadvantages. The government established a set of standards which provide specific guidance on the choice of interpreter that is appropriate for LEP patients.

The US Department of Health and Human Services Office of Minority Health (OMH) developed a set of guidelines to improve the cultural competency of health care organizations. The guidelines were published in December 2001 (National Standards, 2001). The OMH provides 14 standards for health care organizations to provide culturally and linguistically appropriate services (National Standards, 2001). Four of the 14 culturally and linguistically appropriate services (CLAS) standards relate to linguistic assistance for LEP patients. In particular, standard 6 specifically addresses the type of interpreter services the health care organization should provide to the patient. The standard states that the provider must not allow the use of family members as interpreters unless requested by the patient; they should provide assistance through either competent bilingual staff members or professional interpreters.

**REVIEW OF THE LITERATURE**

**Federal Guidelines for Interpreters**

Title VI of the Civil Rights Act of 1964 states that people participating in any federal-funded program cannot be discriminated against on the basis of national origin (Policy Guide, 2001). Consequently, all providers who receive federal funds must provide language assistance to LEP persons seeking medical care. The Office for Civil Rights (OCR) does not specify the type of language assistance that must be provided for LEP patients to be in compliance with the federal law. The OCR only states that LEP patients must be able to communicate effectively with the health care provider. There is, however, guidelines established by the OCR to help health care agencies establish language-assistance programs for LEP patients. Five specific sources of interpretation assistance are listed: bilingual staff, paid staff interpreters, contract interpreters, community volunteers, and telephone interpreter lines.

The OCR addresses two issues related to compliance with the federal law; the use of family, friends, or minors as interpreters and the competence of those providing interpreter services (Policy Guide, 2001). It is the responsibility of a provider to offer professional interpreter services to the patient. If the provider suggests the use of family or friends to function as the interpreter they may be held in violation of the federal law. The exception to this includes patients who deny professional interpreters and request the family member or friend. In this instance, it is the responsibility of the provider to document the refusal. Also, if an LEP person initially asks for a family member or friend to interpret, the provider must suggest a professional interpreter be present for further assistance.

The other issue is the competency of those providing professional interpretation services (Policy Guide, 2001). Interpreters with formal training and certification do not necessarily possess competence. Competency also includes but is not limited to language proficiency, understanding of medical terminology, the patient’s culture, and the patient’s right to confidentiality. It is the responsibility of the provider to ensure that the professionals they are providing for interpretation services are competent in these areas.

**National Standards for Culturally and Linguistically Appropriate Services**

The National Standards for Culturally and Linguistically Appropriate Services Final Report (2001) provides specific details regarding standard 6. The OMH states that the most important aspect of health care is to have accurate communication between patient and provider. Health care providers under standard 6 must provide either a bilingual staff member or a professional interpreter for their patients. In regard to professional interpreters, providers are responsible for verifying that the person has either completed or is enrolled in a training program. The program must address the following areas: techniques, ethics, and cross-cultural issues. The minimum hours of training must not be less than 40 hr. Lastly, before a professional interpreter is used, the provider must assess them for accuracy in translating information from both languages.
The use of children or other family members is discouraged by the OMH because it violates the patient’s right to confidentiality, can result in inaccurate information, and possibly biased interpretation. Patients who request a family member for interpretation assistance must be informed of the option for a professional interpreter before acknowledging their request.

An exception is the use of minor children; OMH prohibits them from providing the service for a parent, regardless of the parent’s request. All discussion with the patient regarding choice of language assistance should be documented.

**Use of Professional Interpreters**

Lehna (2005) discussed the role of different interpreter options when treating pediatric patients. The author found that family members and friends who provide the service often do not translate medical information appropriately and may also purposely not explain the seriousness of the person’s condition to protect the patient. The use of uncertified interpreters such as bilingual staff members can also relay information inappropriately. This may be because of a limited understanding of the patient’s language. Professional interpreters the author states are the most reliable source of assistance. These types of interpreters are well trained and continually evaluated for competence.

According to Romero (2004), a medical interpreter is someone who is trained in a specific language and culture and uses those skills in a health care setting. The use of interpreters is not only based on providing appropriate care but also to improve the quality of care provided. Having professional interpreters may help to decrease the incidence of misdiagnosis, inappropriate drug usage, and poor patient compliance. Their usage may also result in improved patient outcomes and overall patient health.

Greenbaum and Flores (2004) found that professional interpreters were able to more effectively communicate in a medical setting. Professional interpreters increase the incidence of positive medical outcomes and increase the level of patient satisfaction.

In a study conducted by Bernstein et al. (2002) it was concluded that patients felt their needs were not met fully because of language barriers. Patients who had a limited ability to communicate with their provider received fewer services in the emergency department. The authors concluded that professional interpreters improved the services provided to the patient and also increased the satisfaction level of the patient with the care they received.

Nailon (2006) concluded in a study of nurses and their interactions with Latino patients that the use of interpreters does not always result in a positive outcome. Professional interpreters do have limitations; these include but are not limited to confidentiality for the patient, accuracy of information, comfort level with information being translated, and the lack of a relationship with the patient. The author stated that to achieve optimal results from interpreters, both nurses and interpreters require training on cultural competence and need to work cohesively. Although there are limitations with interpreter services, a lack of them does impede the care nurses can provide their patients.

A study performed by Hsieh (2005) examined the challenges of interpreters in the health care setting. The author found that interpreters sometimes feel forced to take a more proactive role in the situation to facilitate the interaction. In addition, interpreters find it difficult to maintain a strict patient-client relationship when discussing important health care issues. This is especially true when interpreters spend extensive time with a patient.

Laws, Heckscher, Mayo, Li, and Wilson (2004) concluded in a study of Spanish speaking families in an outpatient pediatric clinic that interpreters who did not have appropriate training interpreted medical information incorrectly. Also, errors in interpretation increased when the interpreter and patient engaged in conversation not related to the health care issue.

Hornberger (1997) studied the use of interpreters by physicians for non-English speaking patients. In reference to the use of trained interpreters, the study concluded that their usage was limited because of cost of the service and the lack of adequate reimbursement for their use. The study also concluded in-person interpreters yielded a higher satisfaction level for the patient and physician versus remote interpreter services.

**Use of Children as Interpreters**

In a study conducted by Free, Green, Bhavani, and Newman (2003), child interpreters were found to have advantages and disadvantages in the health care setting. The advantages included a positive emotional benefit for the child for helping the family with increased self-esteem. The children were pleased with the opportunity to demonstrate their bilingual language ability. Disadvantages included the children viewing it as hard work that removed them from other activities they enjoy, concerns over missing school for appointments, feelings of embarrassment when discussing sensitive information about their parents, difficulty giving negative information regarding the illness to their parents, and frustration when they could not interpret the information correctly.

Lehna (2005) discussed the use of children and other family members as interpreters. The author stated that
the children are affected by the situation that is occurring with their parents. Children have difficulty hearing and translating information that is directly related to the parent’s illness and prognosis. During interpreting situations, the roles of the family are reversed and may cause conflict at home.

**SUMMARY**

The findings after the review of the literature related to interpretative services were that professional interpreters were a more appropriate option versus the use of children in medical situations. The OCR mandates that language assistance be provided for limited English speaking patients, although it does not state specific types of assistance. However, the OMH and the CLAS state that professional interpreters must be used unless patients request the use of family members. Minor children are not permissible as interpreters for parents under any circumstances. Professional interpreters according to Lehna (2005) provide the most reliable information. The use of trained interpreters may also improve the outcomes of patients because of decreased incidence of inappropriate instruction and non-compliance (Romero, 2004). Although some of the literature discussed the advantages of professional interpreters, other authors discussed the disadvantages. The limitations included confidentiality issues for the patient, accuracy of the information provided because of dialect discrepancies, and the comfort level of the interpreter with the information being discussed (Nailon, 2006). In addition, a study by Hsieh (2005) stated that interpreters have difficulty in maintaining a strict patient-client relationship when discussing sensitive health information.

A review of the literature related to the use of children as interpreters concluded advantages and disadvantages. The advantages according to Free et al. (2003) were an increased level of self-esteem as a result of helping the family and demonstrating their bilingual language ability. Free et al. (2003) and Lehna (2005) found disadvantages for child interpreters. They included conflict in the home because of role reversal, children feeling embarrassed when discussing sensitive information regarding their parents, and difficulty telling parents negative information related to their health.

**METHODOLOGY**

The research for this paper included a review of the literature related to the use of professional interpreter services and the use of children as interpreters. The literature from 1997 to 2006 was reviewed. To perform the review of the literature, the Quinnipiac University Library databases were used. The Quinnipiac University Library provides access to the Connecticut Digital Library. The Connecticut Digital Library performs a simultaneous search of databases using keywords. Keyword searches for the literature included “Medical Interpretation and Children,” “Child Interpreters,” “Child Medical Interpreters,” “Professional Medical Interpreters,” and “Professional Interpreters.” Literature located using the Connecticut Digital Library included the following databases: PubMed, CINAHL, and PsychINFO. In addition, searches were conducted using the identical keywords of the Medline and ProQuest databases through the Quinnipiac University Library. The final review of the publications included those specifically discussing the usage of professional and/or child interpreters in health care settings. Health care literature that discussed interpretation services related to specific medical conditions was not used for review.

**RESULTS**

The literature references related to interpretive services for LEP patients included descriptive studies, case studies, and commentary articles. In addition, four federal agency reports were used. The literature related to child interpreters that did not use specific medical conditions as the basis for the research was very limited. Studies that compared the advantages and disadvantages of different interpreter services were also very limited. Results of the descriptive studies were limited by patient privacy issues and the lack of available interpreters in study settings.

**DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS**

**Discussion**

The purpose of this paper was to discuss the advantages and disadvantages of professional and child interpreters in the health care setting and determine the best option for the health care provider and patient. The literature suggests that professional interpreters, although they have limitations, provide the best option for accurate interpretation of medical information. The advantages of professional services overshadow the disadvantages. It is suggested with proper training and evaluation the disadvantages can be reduced or resolved. Child interpreters do have advantages especially if a patient speaks an isolated dialect; however, they should not be used because of possible inaccuracy of information and role reversal in the family unit.

Neither choice for interpreter services during medical visits is without disadvantages. The decision to choose should be based on the best option for the patient being treated, weighing the advantages and disadvantages of each. Child interpreters may have a role in these situations especially if the patient speaks a specific
The National Standards for Culturally and Linguistically Appropriate Services. Four specific standards relate to language assistance; in particular the sixth standard specifies that professional interpreters should be used; the use of minor children is discouraged.

**Recommendations**

Romero (2004) determined that the quality of patient care can be improved by the use of professional interpreters. This study may provide the foundation for further research to determine if a correlation between professional interpreters and improved patient outcomes exists. Also, studies comparing the use of professional and child interpreters on patient outcomes should be performed. The studies by Free et al. (2003) and Lehna (2005) should be used as the basis for additional studies on the advantages and disadvantages of using child interpreter’s in general health care situations. It is recommended to study the long-term effects on the family unit when child interpreters are used for an extended period of time. In addition, with the implementation of the OMH standards, health organizations required to abide by the standards should be evaluated for compliance. Lastly, professional interpreter training programs should be assessed for instructional content and methods of evaluation. The interpreters who complete the programs ought to be targeted for studies of cultural competency, proper interpretation of medical information in both languages, accuracy of interpretation, and patient and provider satisfaction.

**References**


