Reviewer's report

Title: Overcoming language barriers with foreign-language speaking patients: a survey to investigate intra-hospital variation in attitudes and practices

Version: 1 Date: 28 April 2009

Reviewer: Elaine Hsieh

Reviewer's report:

The research topic is important as it reflects the recent trends in recognizing the diversity of medical interpreters. The data also provides great potential in demonstrating how different departments/specialties may have different use/expectations/needs for interpreters. The data shows great promise and potential. However, the current analysis (i.e., collapsing the differences of departments and positions) and report the statistics as a whole fails to take advantage of the strengths of the study. It would be a good idea to compare and contrast how the departments and positions differ in their use of interpreters and explore the corresponding theoretical/practical implications.

• Major Compulsory Revisions

The author must respond to these before a decision on publication can be reached. For example, additional necessary experiments or controls, statistical mistakes, errors in interpretation.

1. Problematic Assumption

The authors assumed that professional interpreters are always better than other types of interpreters (e.g., family interpreters, ad hoc interpreters, or bilingual staff). However, recent studies suggest that the flexibility and adaptability for health care providers to effectively and appropriately utilize a variety of interpreters may best meet the efficiency, quality, and informal economy of bilingual health care (see Giordano, 2007; Kuo & Fagan, 1999; Rosenberg, Seller, & Leanza, 2008). It is important to recognize that these studies do not imply that professional interpreters can be replaced by other types of interpreters. Rather, these studies suggest that providers and patients may have different preferences when it comes to the use of different types of interpreters and that there may be situations that one type of interpreter is just as good if not better than professional interpreters.

I do not object the positive effects of professional interpreters, as they are evident in the literature. However, I challenge the assumption that professional interpreters are ALWAYS better and should be the only type of interpreters used whenever possible. First, the diversity of languages makes it unlikely to have on-site interpreters of all languages at all time. The providers’ challenge is to be able to identify the need when professional interpreters are needed and when other types of interpreters are sufficient. For example, in an easy follow-up that there is little to discuss, a family member who is familiar with the patients’...
concern and history may be as good as professional interpreters. In situations where advocacy is needed, a family interpreter is more likely than a hospital interpreter to side with the patient. In addition, telephone interpreters is not the same as professional, on-site interpreters, as they lack the ability to explore the nonverbal aspects of provider-patient interaction (Hsieh, 2006). Certain issues (e.g., poor prognosis, death/dying) is better to be disclosed in person and many providers would consider even a less proficient bilingual staff is a better choice than a professional telephone interpreter. As a result, there may be situations that on-site bilingual staff is better than a professional telephone interpreter. Finally, an on-site bilingual staff may be preferred by providers, because they are familiar with the clinical/medical procedures and knowledge specific to the departmental specialty than an on-site hospital interpreter (albeit professional). In short, the presumption that professional interpreters are universally better than other types of interpreters need to be questioned. The question should not be why providers do not use professional interpreters, but why providers AND patients choose (or settle with) a type of interpreter when they have other choices (e.g., Gurman & Moran, 2008). Then, researchers should take a closer look on the appropriateness and effectiveness (e.g., ethical and clinical consequences) of these choices.

2. Comparison between Specialties and Positions is needed

There have been many studies about providers’ use and perceptions of professional interpreters (e.g., Abbe, Simon, Angiolillo, Ruccione, & Kodish, 2006; Gerrish, Chau, Sobowale, & Birks, 2004; Lee, et al., 2006). In its current form, this manuscript does not stand out among previous studies in either its findings or theoretical/practical implications. However, I think this study contains data that allows the authors to explore how different departments/specialties differ in their needs and use of interpreters. Perhaps then, by exploring these differences, the authors will be able to provide insights to explain why such differences exist and whether some of these differences are justified and others are not.

A strength of this study is that it includes providers from various positions (e.g., social worker, nurses, and physicians) and specialties. It would be interesting to examine how these positions and specialties differ in their views and needs of the use of (professional) interpreters. It is possible that providers who deal with chronic illness with few complications (e.g., rheumatology) may find family interpreters effective in facilitating the patients to provide detailed, elaborated history (e.g., new symptoms or possible triggers for an attack). On the other hand, an oncologist may feel that when disclosing a benign diagnosis, a family or telephone interpreter is sufficient, but would not talk to the patient without an on-site professional if it’s a malignant tumor. The current study collapses all these categories of positions and specialties of the providers when reporting through tables/figures, which make the discussions a generic discussion on providers’ general perceptions with little insights into how and why there are differences between specialties and positions in their use of interpreters. The discussion on departmental differences should be more elaborated and researchers should explore why such differences exist. In this way, this study...
provides additional insights into the current literature by arguing that certain factors (e.g., therapeutic needs, financial cost, or percentage of LEP patients) may predict the need or support for professional interpreters. The authors have suggested this sporadically throughout the manuscript, but I’d encourage the authors to use this as the primary thread for discussion and elaborate more systematically on this perspective.


**Level of interest:** An article of limited interest

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.