ABSTRACT

An Analysis of Interpreter-Mediated Healthcare Interactions

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The content and quality of communication between nurse practitioners and patients in primary care encounters contributes to diagnostic decision making, the provision of culturally appropriate interventions, and ultimately may impact health outcomes. In caring for patients with limited English proficiency, the addition of language discordance increases the complexity of the interaction and communication processes and the potential for disparate health outcomes. Most prior research on interpreter-mediated healthcare interactions has focused on accuracy, cost, satisfaction, and role enactment, but there is a lack of systematic research examining the actual interaction processes within the context of primary care clinic visits.

The aim of this descriptive, exploratory research was to examine the content and processes of triadic clinical communication encounters between Spanish speaking adult patients with limited English proficiency, primary care nurse practitioners, and language interpreters. Three nurse practitioners, 3 language interpreters, and 5 Spanish speaking adult patients with limited English proficiency participated in the research, conducted at two primary care clinics in a large metropolitan area in the southeast. Data sources included 5 audio-recorded triadic clinical encounters; 5 self-administered post-counter surveys completed by the nurse practitioners; 5 brief post-encounter audio-recorded interviews with the patients, in Spanish; and field notes from observations and interactions with the clinic staff.
The analysis of the recorded triadic clinical encounter data incorporated techniques from both conversation and situational analysis. Findings from the conversational analysis revealed situations in which one or more of the interactants actively identified and responded to communication trouble spots, which resulted in facilitated and enhanced triadic communication. In instances where the interactants did not recognize these trouble spots, important details that were salient to the diagnostic and decision making process were glossed over or even missed entirely, potentially affecting diagnostic decision-making and health outcomes. The situational analysis revealed the influence of macro-level policies and practices on the communication and decision-making processes. Interactive processes included knowing how to negotiate relationships, coming to a mutual understanding, and dealing with multiple systems.

These findings highlighted the complexity of interpreter-mediated healthcare interactions, revealed the influence of larger structural issues on language interactions during clinic visits, and underscored ways in which the use of language may impact individual health outcomes and broader health disparities. Implications for nursing practice include raising awareness of the ways in which broader political, social and economic pressures and constraints may be manifest in healthcare communication encounters and the need for attention and vigilance for communication cues that may indicate the need for further elucidation or exploration. Language interpreters, nurses, and other members of primary healthcare teams need education and training on how to identify and negotiate potential communication problems in real time to facilitate understanding, and incorporate intra-professional collaboration and practice to lessen health disparities for patients with limited English proficiency. Future research should compare and contrast the style and efficacy of interpretation as practiced by triads who have an ongoing relationship as opposed to those who have had no previous interactions to determine if there are
differences in satisfaction and healthcare outcome. An additional area of study would be exploration of non-verbal communication in interpreter-mediated healthcare interactions.