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Experiences of Spanish-Speaking Patients Using Interpreter Services With Their Physicians

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Abstract

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MHA, Walden University, 2015

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Dissertation Submitted in Partial Fulfillment

of the Requirements of the Degree of

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Abstract

In the United States, many patients cannot speak English well enough to communicate with their medical providers. Many of these patients use professional interpreter services offered by their medical organizations to help with communication, which can lead to miscommunication due to the translation process between patients, interpreters, and physicians, and to incorrect diagnosis and poor health outcomes for the patient. The purpose of this study was to explore the experiences of Spanish-speaking patients who used interpreter services with their physicians. The transmission model was the theoretical framework used to explore the experiences and outcomes for the participants. In this study, eight Spanish-speaking participants, who resided in the Gwinnett and Dekalb counties in Atlanta, Georgia, were interviewed about their experiences of using interpreter services with their physicians. These interviews were recorded, transcribed, and translated. Responses were analyzed and interpreted to develop codes, categories, and themes using inductive ground-up methodology. Respondents reported varied experiences and outcomes from their use of interpreter services. Some participants were instructed to use short phrases by the interpreters. As a result, they had limited communication with their physicians and did not receive timely diagnosis and treatment. This affected their overall health outcomes and future decisions to seek medical attention. Other participants did not experience these issues and reported no adverse outcomes from using interpreter services. The findings could inform the gaps in translation services and improve communication between patients and their physicians; leading to improved health outcomes and increased health-seeking behavior among this population.

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Dedication

I dedicate this dissertation to my beautiful wife Jamie for her amazing and unconditional support throughout my Ph.D. program. I also dedicate this dissertation to my parents, who have guided me with high expectations and taught me to work hard and trust God in every moment. Lastly, I dedicate this to every person who never stopped believing in me.

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I wish to thank my committee members who were more than generous with their expertise and precious time. A special thanks to Katie Callahan Ph.D., for her countless hours of advice and encouragement, and most of all patience throughout the entire process.

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Chapter 1: Introduction to the Study

Introduction

One focus of health care administration is delivering quality service to patients across all types of medical settings, from public and private offices to hospitals and health departments. High quality service requires excellent quality of care for patients regardless of their race, sex, ethnicity, or primary language. Effective communication between patients and their physicians is key to enhancing quality of care and, in this area, interpreter services may be of help to patients who do not speak English. Professional interpreters may facilitate communication between patients and their physicians, working as a bridge to transmit patients' concerns, needs, and health issues.

There are serious problems that are currently affecting the healthcare system in the United States; good communication between patients and their doctors is one of them. Of the thousands of Spanish-speaking patients in the United States, the majority speak little to no English at all (Lor et al., 2016), but the majority of physicians in the country only speak English (Hadden et al., 2018). As of 2018, 21 million of the 46 million individuals in the United States claiming a primary language other than English also had some level of difficulty speaking English (Jacobs et al., 2018). The language barrier between Spanish-speaking patients and their physicians can create miscommunication between them. This language barrier could affect the patient's medical treatment because they might not fully understand their physician's orders. A shared understanding of the symptoms, diagnosis, and medical treatment between the patient and physician are

essential in the well-being of a patient and treatment outcomes (McCabe & Healy, 2018). This research aimed to explore and analyzed the experiences of Spanish-speaking patients who have used interpreter services since the year 2015 to present time during a medical visit in the counties of Dekalb and Gwinnett in the state of Georgia.

For those who do not speak a country's dominant language, interpreters are often needed during medical visits to communicate with their physicians. While interpreter services play an important role in the medical care for patients with limited English proficiency, there exists little research into the experiences of patients using interpreters (Tam et al., 2020). With this research I hoped to fill this gap in the literature by investigating the effectiveness of interpreter services in helping Spanish-speaking patients communicate their medical needs and concerns and receive the medical care they need during their visit. Additionally, the information collected from the interviews with Spanish-speaking patients may reveal whether the use of interpreter services affected their treatments, health outcomes, or both. In this way, the study may inform the creation of more successful interpreter services; ones that enhance individuals' health and in turn lead to a healthier U.S. population.

Exploring and analyzing the information collected from the interviews may identify how physicians can more effectively utilize interpreter services, leading to improved physician-patient communication and thus lead to better medical care and treatment. In the same way, the findings from this research may help to provide a positive social change in the medical treatment of Spanish-speaking patients by helping these

people get healthier more quickly and improve their lifestyles. As a result, such patients may have more productive work years and contribute more to society, benefitting the nation financially. Improved medical treatment could also lead to a decline in people receiving unneeded expensive medical services, in turn reducing the cost of insurance policies and taxes.

This qualitative, phenomenological research strived to provide a better understanding of the experiences of Spanish-speaking patients using interpreter services with their physicians. The rest of this chapter covers background information about this problem. This chapter talks about the problems that Spanish-speaking patients must deal with when communicating with their physicians via an interpreter. Also, in this chapter I discuss the purpose of this research, research questions, and the nature of the study. This chapter discusses about the linear transmission model, which is a conceptual model that may provide a better understanding of the components that could make interpreter services more accurate and have fewer distortions. Finally, includes the assumptions, delimitations, and limitations of the study.

Background

There are many ways to provide adequate delivery of care to patients. Providing interpreter services to patients who need them is one strategy. While many health care organizations across the country strive to provide outstanding service to their patients, some provide poor or no interpreter services due to financial burden (Jacobs et al., 2004). Not providing adequate interpreter services often results in patients with limited English

proficiency receiving less than the medical care they need during their visits (Jacobs et al., 2018). Receiving less than the medical care they need during their visit is a serious problem because it can have a negative impact on their treatment outcome. In many cases, family members, friends, or untrained medical staff serve as interpreters (Hadziabdic et al., 2014), so patients and medical providers can have a better way of communication.

There is little known about the experiences of Spanish-speaking patients using interpreter services and few studies discuss the advantages of using professional interpreters from the perspective of patients themselves (Tam et al., 2020). Recently researchers have shown that professional interpreters tend to be underused by medical providers due to lack of time and interpreter availability (Hsieh, 2015). However, other researchers have found that professional interpreters are recommended because they can help in developing cultural competence, which might in turn improve the relationship between the patient and physician (Njeru et al., 2016). Keeping this gap in knowledge in the forefront, this research explored and analyzed the experiences of Spanish-speaking patients who have used interpreters during medical care visits.

This research helped to identify problems that affect the delivery of care for patients with limited English proficiency and offered solutions for resolving these problems. Those patients who experienced an overall lower quality of care may spend more time and more economic resources on medical treatments. Exploring their experiences may help healthcare administrators and providers to better understand how

interpreter services have been helpful to Spanish-speaking patients getting their health conditions identified and treated within the same amount of time as English-speaking patients. More importantly, the results of this research may raise awareness to health care providers about the struggles of their Spanish-speaking patients, and hopefully, the providers can be more understanding and compassionate about their situations. As a result, this study provided suggestions that may help organizations provide better medical services to limited English proficiency patients and might positively impact health care administration to patients who need interpreter services. As a result, Spanish-speaking patients who seek medical treatment using interpreter services may have a better quality of life.

Problem Statement

In the United States, patients who do not speak English often have to use interpreter services to communicate with their physicians (Po Hu, 2018). Some interpreters are utilized through call-in lines provided by an interpretation company through hospitals; other interpreter services are administered in-person (Jackson & Mixer, 2017). In 2003, the Department of Health and Human Services required language assistance services for patients be free, accurate, timely, and provided by qualified interpreters (Jacobs et al., 2018). Although interpreter services are required, interpreters are not always available or have different weaknesses (Hsieh, 2015). Consequently, not using interpreter services might have a negative impact in the medical treatment and outcome of patients, and their comfort and willingness to seek medical care in the future.

Many limited English proficiency patients do not believe that interpreters are communicating their needs, health issues, and concerns appropriately (Jackson & Mixer, 2017). When interpreters do not transmit the emotional content provided by patients, the interpreters were seen as interfering with the provider's ability to share in the intensity of the patient's experience, to develop a bond with the patient, and to provide the best quality of care (Villalobos et al., 2016). This way of interfering is a serious problem and may affect the triangular relationship between the interpreter, patient, and physician (Wiking et al., 2013). Language barriers may negatively affect the delivery of care to patients, and consequently, many patients with limited English proficiency do not feel that they receive the medical care they need (Meuter et al., 2015). Consequently, using well-trained professional interpreters is important.

Further research must be done to determine if adequate medical interpreter training is necessary to provide a better service to patients (Lor et al., 2016). There is not a universal certification, but different certifications that people can qualify for to become stronger in medical interpreter services. However, there are two national organizations that provide formal certifications of medical interpreters, The National Board of Certification for Medical Interpreters and the Certification Commission for Healthcare Interpreters (Jacobs et al., 2018). For this reason, Hadziabdic et al. (2014) pointed out that further research is needed to explore the experiences of patients who have used interpreter services in a medical setting. To support this call for more research, I explored the lived experiences of Spanish-speaking patients who have utilized interpreter services

to communicate with their physicians. The interviews were analyzed by using the linear transmission model of communication.

Purpose of the Study

The purpose of this qualitative research was to explore the lived experiences of Spanish-speaking patients who used interpreter services to communicate with their physicians. As there is little literature available relating to the experiences of Spanish-speaking patients using interpreter services, it was important that further research was conducted. To address this gap, qualitative research was performed using the Husserl's phenomenological method because it focuses on lived experiences of the participants (1982). This approach allowed the different experiences of the participants to be explored, determined whether the interpreter services were helpful, and identified whether there are any service challenges that may be addressed.

Research Questions

Research Question 1: What are the experiences of Spanish-speaking patients in using interpreter services to transmit their concerns, symptoms, and other healthcare information to their provider?

Research Question 2: What are the experiences of Spanish-speaking patients in getting timely, accurate medical diagnoses and treatment when using interpreter services with their physicians?

Research Question 3: How have the experiences of Spanish-speaking patients using interpreter services influenced how often they consult their physicians?

Framework

The conceptual model that was used for this research was the linear transmission model. This model focuses on how the transmission of messages are affected by noises, which are disruptions of the message that may lead to incorrect communication (Sapienza et al., 2016). The transmission model helped to explain interpreter services and explored the components that could make those services more accurate, reliable, and thorough without distortion between the provider and patient (Dysart-Gale, 2005). This is a linear model in which a sender sends a message to a receiver through a channel; in this case, the patient, physician, and interpreter, respectively (Sapienza et al., 2016). For example, interpreters might not translate the entire message and omit important information that could affect the outcome of the medical diagnoses and treatment. As a consequence, patients may not receive the care they require, which could result in a poorer quality of life or years of life lost. In this research, participants were asked about their overall experience with interpreter services, how using interpreter services influenced their health outcomes and medical treatment seeking behavior.

Nature of the Study

This research used a qualitative research method with a phenomenological approach by Husserl's phenomenological method. The purpose of this research was to explore the previous experiences of Spanish-speaking patients using interpreter services when communicating with their physicians. Structured interviews were conducted using open-ended questions so the participants could talk freely about their experiences during

medical appointments. The aim of this approach was to identify the experiences of Spanish-speaking patients using interpreter services, and if it had any influence on their health outcomes or intention to seek healthcare in the future. Patton (2015) stated that phenomenology is used to research how people described and shared their experiences to find meaning. By using this approach, the participants in this research were able to talk openly about their different experiences. In addition, the behavior of the participants during the interviews was observed and their answers analyzed and coded independently.

Definitions

Delivery of care: Delivery of care helps to improve the quality of decisions and care for patients and their medical treatments. It outweighs the benefits and harms of alternative methods to prevent, diagnose, and treat patients (Piña et al., 2015).

Interpreter services: An interpreter service is a viable method of enhancing delivery of care to patients with limited English proficiency (Jacobs et al., 2004).

Phenomenological approach: Husserl's phenomenological method tries to delve into the experiences of the participants, behind their perceptible reflections (Lee, 2015).

Transmission model: A transmission model emphasizes the notion of transmission of communication via a linear channel between a sender and a receiver. In this model, a message is carried from one to the other and delivered as sent (Sapienza et al., 2016).

Assumptions

There were two main assumptions in this research. First, Spanish-speaking patients have used some form of professional, certified interpretive services when seeking

medical care. Second, their health outcomes and medical treatment seeking behavior have been affected in some sort of way. These assumptions were necessary in the context of the research because it was evident that Spanish-speaking patients needed assistance to help them communicate with their English-speaking physicians. In addition, it was reasonable to assume that the health outcome and treatment seeking behavior of Spanish-speaking patients had been affected because of miscommunication and misinterpretation between patient, interpreter, and physician. Another assumption was that interpreter programs do not train interpreters to transmit the emotions and feelings of patients, and so professional interpreters do not transfer these feelings accurately or at all. It was assumed that the professional interpreters used by physicians are able to speak Spanish and English fluently, and have been trained in their job responsibilities of communicating information in the two languages.

Scope and Delimitations

Many patients who used interpreter services have experienced poor quality of care, with some believing that the interpreter did not communicate all the concerns that they had (Jackson & Mixer, 2017). Unfortunately, there is a gap in the literature about this topic that needed to be addressed. In fact, it has been stated that further research studies are necessary to explore the overall experiences of Spanish-speaking patients using interpreter services (Hadziabdic et al., 2014).

The population included in this research was Spanish-speaking patients who had used interpreter services at least once in the previous 5 years, between 2015 and the

present, when seeking medical care in the counties of Dekalb and Gwinnett in the state of Georgia. This did not include patients who are underage since they are a sensitive population and would have needed authorization from their parents, and patients with limited English proficiency who were not Spanish speakers. Lastly, there was potential transferability in this research because the participants talked about their personal experiences. This means, that the experiences of the participants might have not truly represented the experiences of the majority of Spanish-speaking patients who had used interpreter services in the state of Georgia.

Limitations

Transferability was a limitation because this research only consisted of three participants in the pilot study and eight participants in the main study. Another limitation relates to the fact that permissions the recruitment was only through social media and not in person. Information about the study was posted on Facebook and Instagram; fortunately, no permissions were needed to post on social media. The participants only spoke Spanish, so all recruitment information and consent forms were translated to Spanish. The researcher speaks fluent Spanish, so this limitation minimally influenced the progress and completion of the research. Another limitation related to this study was the compensation that participants received. Each participant except two received a $15 gift card for their time spent during the interview; however, some could have skewed their answers to be deemed as good participants.

There were also potential limitations due to the qualitative design of the study. Transcribing the audio interviews into a Word document and then coding them were labor-intensive and time-consuming; the researcher did not hire someone else to transcribe these data. Also, a common limitation in qualitative research is generalizability (Leung, 2015). This means that broad inferences cannot be made from small observations. In this case, generalizability implies that eight participants cannot truly represent thousands of people in the same situation. This did not mean that this study cannot be valid, transferable, meaningful, nor can make a positive social change.

Significance

Many non-English-speaking patients who have used professional interpreters had experienced a poor quality of service and often poorer health outcomes (White et al., 2018). The use of interpreters has also been found to be associated with increased financial burden (Jacobs et al., 2004). Due to the limited amount of research in this area, this research may provide a better understanding of the experiences of Spanish-speaking patients.

This research is significant because it might have a positive impact on the lives of Spanish-speaking patients in the United States by providing insight into using interpreter services to facilitate communication between physician and patient which may not be sufficient. Improved physician-patient communication could lead to better medical care and more effective treatment. An assessment of the perspectives and experiences of these patients would determine what is wrong with the delivery of care that they receive when

using interpreter services. Consequently, this study points out to areas to improve, which might lead to patients adhering more to their medical treatments, which could benefit their health in the long term. Importantly, this research could improve the quality of lives of Spanish-speaking patients and reduce their medical expenditure.

Summary

In the United States, there are many patients who speak little or no English. As a result, different healthcare organizations provide interpreter services to help patients communicate better with their physicians. However, little research has been conducted into the experiences of these patients. It is therefore important to conduct further research into the delivery of care that they receive when using interpreter services. The purpose of this research is to explore the experiences of Spanish-speaking patients using interpreter services to communicate with their physicians.

A phenomenological approach was used to interview Spanish-speaking patients in the state of Georgia that have used interpreter services since 2015; the interviews consisted of open-ended questions. Furthermore, the transmission model helped to gain a better understanding of the relationship between interpreter services, Spanish-speaking patients, and their physicians. It has been assumed that these patients have used some form of interpreter services in the past when seeking medical care. It is hoped that this research will result in a positive social change by providing a better delivery of care in the use of interpreter services to Spanish-speaking patients. This would likely benefit their lives in the long-term.

In Chapter 2, the conceptual framework used in the research will be discussed in depth, synthesizing writings by Sapienza, Veenstra, Kirtiklis, and Giannino. Their researched helped to show how the conceptual framework benefits the research. Chapter 2 will also contain a review of different research findings on the experiences of Spanish-speaking patients using interpreter services and how their medical treatments and outcomes were affected by using professional interpreters.

Chapter 2: Literature Review

Introduction

In the United States, non-English-speaking patients seeking medical services can face many obstacles. These obstacles are exacerbated in situations where the physicians treating these patients do not speak their language. According to an analysis of the 2011 American Community Survey, approximately 60.5 million American residents speak a language other than English at home (Ryan, 2013). Lack of English proficiency is a prevalent problem across the United States, especially in states like Georgia, where there is a large Spanish-speaking population but few physicians who speak Spanish. A number of different approaches, like the use of certified interpreters, were designed to enhance communication between patients and their physicians have been suggested. For example, regulations that allow non-English-speaking patients to request the services of professional interpreters when seeking medical care, or certifications for medical interpreters. However, researchers have shown that further studies are necessary to better understand how useful professional interpreters are in these situations.

The aim of this literature review was to learn more about Spanish-speaking patients' experiences using interpreter services when communicating with their physicians. Communication problems can be a significant cause of difficulty because when patients are unable to communicate clearly with a doctor, the quality of the medical treatment they receive often decreases (Jacobs et al., 2018). There is a strong documented correlation between patients that do not speak English and poor quality of care and health

outcomes; this is due to the miscommunication between patients and their physicians because of improper facilitation by interpreters (White et al., 2018). Often, professional interpreters are recommended because their services increase cultural competence due to a similar background with the patients and serve as a channel for transmitting messages between patients and physicians (Njeru et al., 2016). Further research, in combination with a better understanding of the available literature, might help provide better insight into the challenges that patients, physicians, and interpreters face.

This chapter is comprised of five sections. Following this introduction is an overview of our literature research strategy, which includes information about the library databases and search engines that were used in our study, as well as essential search terms that facilitated access to different research studies. The following section discusses the conceptual framework, and how the transmission model provides a more accurate and reliable service that reduces communicative distortion (Chandler, 2014). The fourth section includes an extensive literature review of key variables associated with the experiences of Spanish-speaking patients using interpreter services. The chapter concludes with a summary of the main points found in the literature before transitioning to Chapter 3.

Literature Search Strategy

For this literature search, most of the research studies that discussed the experiences of Spanish-speaking patients using interpreter services with their physicians were found online. However, some additional references were obtained from textbooks

and classes at Walden University. The Walden University library provided resources and support for this research, as well as access to different databases, including Academic Search Complete, CINAHL Plus, Medline, and SocINDEX. The literature search compiled studies that were conducted between 2015 and 2019, with a few exceptions for some studies that were performed earlier and used as reference points.

Different key search terms were used to narrow down the search for relevant information. These included words such as: interpreters, non-English speakers, Spanish-speaking patients, and physicians. Even though these terms were helpful, many of the studies we found were still only broadly applicable, containing information about medicines or sociocultural problems rather than information related to this subject. For example, bringing up literature studies about immigration when searching for topics related to non-English speakers.

Conceptual Framework

In this study I explored the experiences of Spanish-speaking patients using interpreter services with their physicians. In such situations, problems in communication could arise due to a mutual lack of understanding, leading to patients' messages not being transmitted accurately. Although many healthcare institutions use interpreter services to help non-English-speaking patients, it is not clear if these services are useful. Given this context, the conceptual framework used for this research is the linear transmission model.

The linear transmission model of communication was developed by Claude Elwood Shannon and published by Warren Weaver in 1949 (Chandler, 2014). They

developed a model of communication that was intended to help a mathematical theory of communication and computer science. However, their work was so helpful that it led very useful work in language. Their model stated that communication is the process of sending and receiving messages from a sender to a receiver. Their model consisted of five main elements: the message, a transmitter, a channel, a receiver, and a destination. There is a dysfunctional factor, noise, that is any interference that can occur to the message. Journalists often use the linear transmission model to send their messages to people; sometimes, these messages can have noises, too (Singer, 2018). For example, a journalist might not provide the full story of an event, or they might hide important facts to benefit an organization.

The advantages of the transmission model of communication are simplicity and generality. Its weakness is not an over-simplification but rather a misleading misrepresentation of the nature of human communication (Chandler, 2014). Other theorists and philosophers were aware of these points and decided to add more components to it. The linear transmission model aligns well with this research study, where the patient is the sender of the message, the physician is the receiver of the message, and the interpreter is the channel that translates the message. Communication might be disrupted by noises, a term which refers to disruptions that might affect the quality of communication between the sender and receiver in this research situation (Sapienza et al., 2016). For example, interpreters might not translate an entire message correctly, due to improper translation or lack of understanding by the translator. This

incorrect translation might cause a ‘noise’ disruption, which could affect the outcome of both medical diagnosis and treatment prescribed. Consequently, patients may have a poorer quality of life or even lose years of their life. This is a serious problem that can lead to more issues such as lawsuits and increases in the cost of cost healthcare insurance.

Literature Review

Hospital Services

Most hospitals comply with the need for interpreter services for their lower English proficiency patients. Some hospitals have few interpreters due to lack of resources, and others have interpreters that do not translate messages correctly (Sangaramoorthy & Guevara, 2016). Although professional interpreters receive training, many interpreters do not provide a good quality of interpretation and leave important information out. Also, many Spanish-speaking patients report difficulty with access to care, health information, education, and do not trust their medical providers (Hartford et al., 2019). Sometimes, physicians decide to use noncertified individuals, like friends and family members of the patient, to obtain information (O’Shea et al., 2015). In other cases, healthcare providers may believe that they can use a few words to manage the patient or use gestures to communicate adequately (Lopez-Bushnell, 2020).

Language Barriers

From 1980 to 2010, there has been a 158% increase in the number of people who speak languages other than English in the United States (Ryan, 2013), with a steady concomitant rise in the Spanish-speaking population. Many Spanish speakers in the

United States do not speak English at all (Fernandez & Perez-Stable, 2015), which can lead to communication problems when they visit a medical provider. These language barriers can, in turn, negatively impact delivery of care. Medical providers already face many challenges when caring for Spanish-speaking patients; however, these challenges will only continue to increase, given that Spanish is the fastest growing language in the United States (Jackson & Mixer, 2017).

Laws

Lack of time and resources is often an issue when providing care to non-English-speaking patients—something which can be very frustrating for both the patient and physician (Ian et al., 2016). This is one reason for the recent creation of laws and regulations designed to ensure proper quality of care for U.S. patients. Executive Order 13166, released in 2000, required federal agencies to provide interpreter services for people with light English proficiency (Jacobs et al., 2018). In 2003, the Health and Human Services Light English Proficiency Guidance was released, under Section 1557 of the Affordable Care Act, which prohibits discrimination based on language, race, color, origin, sex, age, or disability (Kaye, 2019).

These laws were made to help people who could not effectively communicate with their physicians. Regardless of these regulations, there are hospitals that do not adhere to these regulations, and they do not offer resources like professional interpreter services to help non-English speaking patients (Bell, 2019). Nationwide, only 68% of hospitals offered language services; for example, hospitals in central Tennessee around

Nashville and the area in central Nebraska around Lexington do not comply with these laws (Schiaffino et al., 2016). Similar studies have not been done in Georgia; in fact, there is little research about related studies. These hospitals are breaking the law and patients could report their lack of compliance with language service requirements to the Department of Justice. Unfortunately, patients are not always aware of their rights. The United States has already established legal and ethical obligations of health care providers to offer language services to their patients, but they need to be enforced more strictly (Jacobs et al., 2018).

Interpreter Services

Interpreters play an important role in translating patients' messages accurately and without disruption. An effective translation is necessary to ensure an accurate and cross-cultural adaptation of the training, clinical, and other communication materials (Acharya et al., 2017). Although there are two national organizations that provide formal certifications of medical interpreters, The National Board of Certification for Medical Interpreters and the Certification Commission for Healthcare Interpreters, federal regulations do not require interpreters to be licensed or certified (Jacobs et al., 2018). Combined with the fact that most interpreters do not come from a medical background, this means that there are gaps in knowledge and qualification for assisting in medical settings (Seers et al., 2013). It is difficult to distinguish which interpreters are better than others, since the job is highly person dependent. However, researchers have found that Spanish-speaking patients prefer interpreters who are trustworthy and caring, for

example, those who help patients schedule follow-up appointments and stay with them until they leave their medical offices (Lor et al., 2016).

Interpreter services can be provided in different ways: in-person, via telephone, or via remote video. The costs for these services tend to differ significantly, as well. In-person interpreting can cost between $45 and $100 per hour, with a minimum time requirement of two hours (Jacobs et al., 2018). Telephone interpreting is more cost-effective and can provide immediate assistance—one reason why it is many medical providers' first choice. However, in-person interpreters can affect length of stay, suggesting improved communication and possibly improved care (Eneriz-Wiemer et al., 2018). Remote video interpreting is less common and tends to be more expensive than in-person interpreting, given additional equipment costs. Even though the prices can vary between the different types of interpreter services, they are still expensive and not reimbursable and that is the reason why many medical providers still rely on bilingual staff, family, and friends to communicate with their patients (Juckett & Unger, 2014).

Most patients feel comfortable using interpreter services and believe that they are helpful (Lopez-Bushnell, 2020). Similarly, many of their family members trust this service, but some other family members of those needing interpretation do not always like this service. For some, the interpreters' language and medical terminology skills made the patients trust them more because they seem more knowledgeable (Hadziabdic et al., 2014); some family members, however, do not like professional interpreters because they also have to give patients "bad news" that the family member does not want the

patient to hear. This is one of the main reasons why family and friends should not interpret between patients and physicians: while it is understandable that a loved one does not want to see the patient disappointed, by not translating information correctly, they are doing more damage that could lead to worse consequences.

One of the main adverse health outcomes of not using interpreter services is the safety of the patients. Not having a professional interpreter available or using an untrained interpreter can cause a serious threat to the ability of the physician to work as a competent professional, potentially risking the quality and the health outcome of the patient (Czapka et al., 2019). Czapka et al. (2019) mentioned that sometimes is hard to book a professional interpreter in advance, or that some interpreters do not seem to provide good quality interpretation. This is a major problem because the life of patients can be at risk due to lack of communication by not having a professional interpreter available or by miscommunication from the interpreter. For example, a middle age Spanish-speaking patient who goes to the emergency room due to abdominal pain can be treated for a common stomachache if there is not an interpreter available at that moment; however, this patient could be suffering from a ruptured ectopic pregnancy which can cause internal bleeding and can be life threating.

Insurance Coverage

Many Spanish-speaking patients do not have insurance coverage and they think that lack of health insurance would result in receiving inferior health care. Not having access to professional interpreters because patients does not have health insurance

coverages is a big misconception that put their lives at risk because they would not seek medical care unless their health is very unstable, and they have to go to the hospital (Samra et al., 2019). It is a misconception that insurance companies pay for interpreter services. Insurance companies including Medicare and most state Medicaid programs do not pay for these services; medical providers do (Jacobs et al., 2018). This is an extra expense for the medical providers that will not cause any direct revenue for their businesses. It is unclear how to solve these issues, but the government should develop more research and policies that can benefit all the parties involved.

Problems with Physicians

Not many physicians speak Spanish fluently, and those who do tend not to accept new patients given their high workloads (Fernández & Pérez-Stable, 2015). Not having many physicians that speak Spanish can be a problem for Spanish-speaking patients, who often have to settle for physicians who do not speak the same language as they do. This issue can, in turn, have a negative effect on the patient-doctor relationship. This is a central concern in terms of providing quality medical care to non-English speakers (Meuter et al., 2015). Another concern of providing quality medical care is the added time it takes to use an interpreter in a medical exam. It has been found that one problem faced by patients using interpreter services is that physicians do not spend enough time with them. Medical providers are required to see a certain amount of patients, write their notes, and send orders in a short period of time. Due to this, they are often unable to dedicate the needed time to patients who use interpreter services. Not spending the

necessary time with these patients, or trying to hurry along the exam, has been found to create miscommunication and lead to issues with patient treatment compliance (Raynor, 2016).

The use of a professional interpreter has been proven to be an effective bridge between light English proficiency patients and their physicians; also, it has been shown to improve their healthcare outcomes (Lara-Otero, Weil, Guerra, Cheng, Youngblom, Joseph, 2019). Unfortunately, many providers who do not use interpreter services use their own limited foreign-language skills or do not use interpreter services for less clinically complex patients; they opt for professional in-person interpreters for more complex patients (Eneriz-Wiemer, Sanders, McIntyre, Mendoza & Wang, 2018). It is unclear why these providers made these choices instead of using a professional interpreter to communicate with their patients. It has been shown that positive relationships between light English proficiency patients and their physicians are directly linked to better health outcomes, adherence to treatment recommendations, and increased likelihood to return for follow-up visits (Raymond, 2014).

Summary and Conclusion

Chapter 2 focused on reviewing the available literature about the experiences of Spanish-speaking patients using interpreter services with their physicians. Most of these studies were searched on different databases and in the Walden library. A wide variety of terminology was used to look for studies that would contribute to more knowledge on this topic. While little is known about this topic, there is a strong documented correlation

between patients that do not speak English and poor quality of care and health outcomes (White et al., 2018). Professional interpreters are recommended because their services increase cultural competence and serve as a channel for transmitting messages between patients and physicians (Njeru et al., 2016). Also, many authors recommend that further research is needed.

This research study used the linear transmission model, which is a conceptual framework. The transmission model is a straightforward and effective method used in qualitative research. This model states that communication between the sender and receiver is linear. Professional interpreters can be use as channels to transmit information from patients to physicians; however, the literature provides conflicting reports regarding the value of interpreters (Villalobos et al., 2016). But some other studies point out that one of the main health outcomes of not using interpreters is the safety of the patient because they might receive the wrong medical treatment (Czapka et al., 2019). The lack of communication between Spanish-speaking patients and their physicians could lead to poorer quality of care, especially when the physicians have high workloads and cannot spend more time talking to their patients using interpreter services.

The purpose of this research study was to explore the experiences of Spanish-speaking patients using interpreter services with their physicians. Analyzing the responses of these patients helped to understand their experiences better and the perceived effectiveness of the interpreters better and the different challenges that they

might face. Chapter 3 includes the research design and qualitative methodology used in this study.

Chapter 3: Research Method

Introduction

The purpose of this study was to explore the experiences of Spanish-speaking patients who have used interpreter services when communicating with their physicians. There are many patients who do not speak English in the United States. These patients must rely on professional interpreters to communicate with their medical providers (Tam et al., 2020). Problems with communication often led to low quality care, which affected the treatment outcome (Jacobs et al., 2018). New regulations have been implemented so that healthcare facilities can provide interpreter services to their non-English speaking patients, including the use of professional interpreters, who can help to increase cultural competence and transmit messages between patients and physicians (Njeru et al., 2016). However, there is little information about the experiences of those who have relied on interpreter services and their health outcomes. This study aimed to close that research gap by gathering and analyzing responses of eight patients who have used interpreter services to communicate with medical providers. This chapter is divided into the research design and rationale, the role of the researcher, the methodology, issues of trustworthiness, and a final summary.

Research Design and Rationale

The research questions for this study are as follows:

Research Question 1: What are the experiences of Spanish-speaking patients in using interpreter services to transmit their concerns, symptoms, and other healthcare information to their provider?

Research Question 2: What are the experiences of Spanish-speaking patients in getting timely, accurate medical diagnoses and treatment when using interpreter services with their physicians?

Research Question 3: How have the experiences of Spanish-speaking patients using interpreter services influenced how often they consult their physicians?

The central concept of this study was the communication barriers that Spanish-speaking patients face while communicating with their medical providers using an interpreter. Little research has been done about how communication barriers between patient and healthcare providers can lead to poor health treatment outcomes. This is an important topic because there is a large Spanish-speaking population in the United States. It is estimated that 21 million of the 46 million individuals in the United States claiming a primary language other than English also had some level of difficulty speaking English (Jacobs et al., 2018).

This study followed the research tradition of the phenomenological approach. Patton (2015) stated that this style of research examines how people described and shared their experiences to find meaning. A phenomenological approach focused on enabling the participants to talk openly about their different experiences; it also required recording the behavior of the participants throughout the interviews. Given that the focus of this study

was to analyze the experiences of patients using interpreter services, this methodology, with it focused on participant experience, was most suited to gathering the relevant information. For these reasons, this study followed Husserl's phenomenological method because it focused on lived experiences of the participants.

Phenomenology studies a particular phenomenon, in this case, the Spanish-speaking patient's experience using interpreter services with their physicians. This methodology is commonly and widely use in qualitative research as it focuses on beliefs, experiences, and interactions. A phenomenological method is strongly influenced by the phenomenological reduction (Shahabi & Rassi, 2015). Researchers tend to have personal biases from their own experiences, which can affect the research due to preconceived notions about the topic. Edmund Husserl (1982) stated that phenomenological reduction is when a researcher can liberate his mind from these biases and assumptions prior to conducting a study. The most important part of phenomenological reduction is epoché.

Epoché describes that all judgement about non-evident matter are withheld (Moja-Strasser, 2016). This is important because this judgement can affect a study (Coupé & Ollagnier-Beldame, 2019). The researcher reached epoché when he set asides all his previous experiences and saw those data impartially. For this study, the researcher removed any bias that he might had; for example, that all interpreter services had a negative impact in the medical treatment and outcome of patients, when speaking to participants. Another important concept of phenomenological reduction is the process of horizonalization. This process involves the idea that experiences of things and events can

never be exhausted (Moustakas, 1994). For example, different participants could have different experiences using interpreter services. Some experiences could have been good, or some could have been bad. Even if all the experiences of the participants were good, they were still different from each other because they had different variables like interpreters, physicians, or medical conditions within each individual experience.

Intentionality is also an important part of phenomenology, and in the research design for this study. Intentionality is the capacity of the mind to be intentionally directed towards an object to describe realities. It provides the freedom to view and perceive things the way they appear, and it directs consciousness toward something real or imaginary (Moustakas, 1994). In this case, the researcher had intentionality after he collected, analyzed and interpreted these data the way that he saw and understood it. Intentionality is composed of noesis and noema. Noesis is the real content, and noema is the ideal essence of that character (Shahabi & Rassi, 2015). In this study, noesis is all the information collected from the interviews; for example, the unique and personal experiences of the participants. Noema is the analysis of the information and conclusions made by the researcher; otherwise, those data are just words without any meaning (Shahabi & Rassi, 2015). Accordingly, a noesis is always related to a noema (Moustakas, 1994). In other words, the interviews performed on the participants about their experiences using interpreter services with their physicians would have been meaningless if the researcher did not deeply analyze them.

Role of the Researcher

The role of the researcher in this study was only to ask open-ended questions to the participants and be the tool for data collection. The researcher did not have any type of professional or personal relationship with the participants, as such a relationship could have an unwanted effect on their answers. For example, if a participant had any type of relationship with the researcher, he or she could have tried to hold back information due to of embarrassment or other emotions, or a participant may have left out information out of a belief that the researcher knew what he or she is trying to say. As a consequence, any bias of the researcher towards a participant, or power relationship could have concluded with the replacement of the particular participant for another.

Methodology

Participants Selection Logic

The population for this study were Spanish-speaking individuals who live in the Gwinnett and Dekalb counties in Atlanta, Georgia. These participants could have been from any primarily Spanish-speaking country and could have been in the United States for any span of time. The main criterion for selection was that every participant must have used interpreter services to communicate with their physicians at least once after the year 2015. During the recruitment of participants, individuals were asked if they are primary Spanish speakers and if they had previously used interpreter services while accessing any medical service. Spanish-speaking people are the target population for this

research, because interviewing non-Spanish speakers did not align with the concept of the study.

The number of participants for this study were three for the pilot study and eight for the main study. Further, saturation, which occurs when there is no new information to be found, might be reached at that number of interviews, especially since these individuals are Spanish speakers who live in the same area. In such a case, the participants provided very similar answers to the questions. A study with similar sampling strategy is likely to reach saturation faster than one with broader reach (Padgett, 2012).

Instrumentation

For this study, different data collection instruments were used. A checklist helped to make sure that the interviewer had everything needed before conducting the interviews. The interviewer recorded all the interviews on a digital audio recorder and in his cellphone, which it was used as a backup recorder. The interviews lasted an average of fifteen minutes, so a backup recorder ensured that no material was lost. Further, the interviewer recorded on an observation sheet the behaviors of the participants while they were responding the questions and talking about their experiences. Behavioral changes in a qualitative interview are important to record because they can indicate the feelings of the participants when talking about certain topics that might make them sad, happy, or uncomfortable (Englander, 2020).

This study was about Spanish-speaking patients' experiences with using interpreter services with their physicians. Because this study is unique, there were researcher-developed questions. This questionnaire was aligned with the research questions; and were validated through a pilot study prior to formally collecting data. The pilot study helped to ensure that the questionnaire collected data in the intended way and how best to carry out the study.

Procedures for Pilot Study

The purpose of the pilot study was to use the researcher-developed questions with a smaller number of participants prior to performing the primary research study; it gave indications on how to best carry the study (Eldridge & Kerry, 2012). For the pilot study, the researcher sought approval from the Institutional Review Board of Walden University. When approval was granted, three participants from the Gwinnett and Dekalb counties were recruited using the same recruitment for the main study. The inclusion criterion of using interpreter services since 2015 was the same as with the main study. Informed consent forms were provided for perusal and signature; the researcher collected and kept these forms after they were signed. The researcher-developed questions were posed to the participants of the pilot study. The interviews were recorded on the digital audio recorder, and the cellphone which served as a backup recorder. Two out of the three participants of the pilot study received $15 in gift cards as compensation for their time, one of the participants did not want to receive the gift card. The interviews were conducted via Zoom and WhatsApp video due to the high levels of COVID-19

infections and deaths in the state of Georgia. This pilot study showed how the participants understood the questionnaire and necessary changes were made.

Procedures for Recruitment, Participation, and Data Collection

The recruitment of participants consisted in posting information about the study on social media, on sites such as Facebook and Instagram. Please, refer to figures of the flyers below; the flyer in English is a reference for the flyer in Spanish only.

Figure 1

Research Recruitment Flyer in Spanish

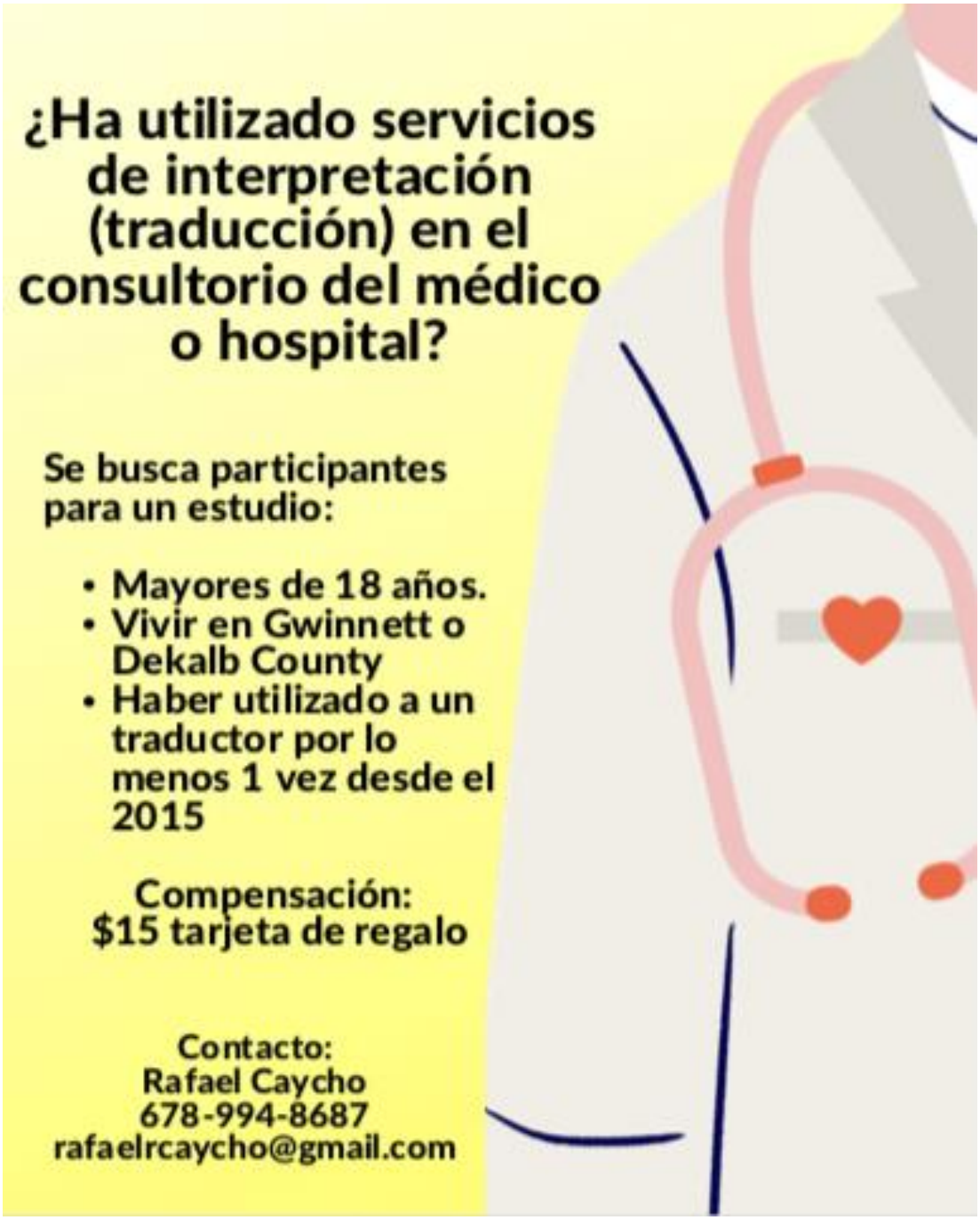
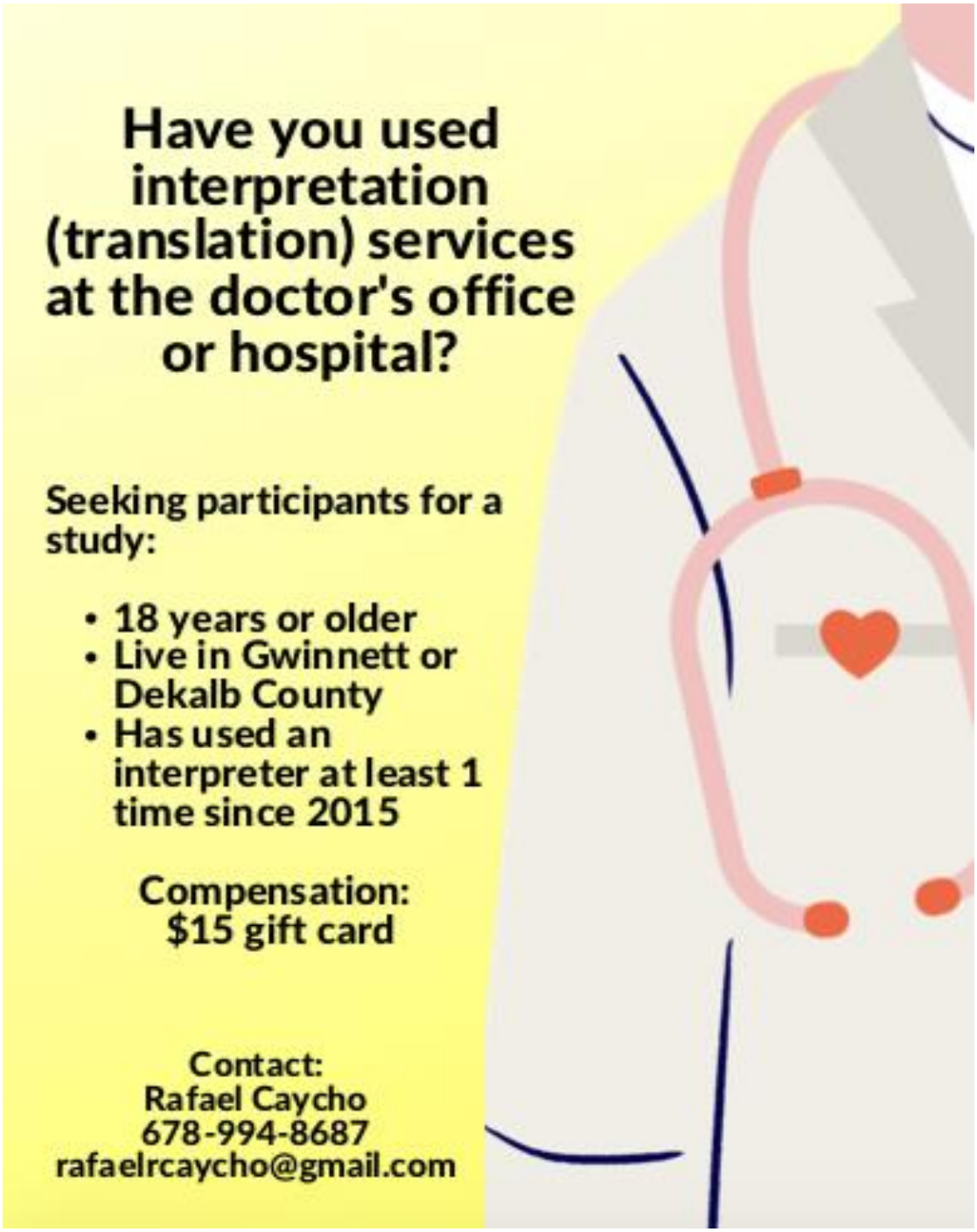


Figure 2

Research Recruitment Flyer in English



The flyer for the study were promoted on social media through websites such as Facebook and Instagram. The posts to recruit participants for the study were shared three times a week until the researcher was able to find three participants for the pilot study and eight participants for the main study. Once a participant had reached the interviewer, the interviewer called the participant to set up a date to perform the interview. The interviews were conducted via Zoom or WhatsApp video due to the high levels of COVID-19 infections and deaths in the state of Georgia.

Consent forms were provided to and collected from each participant prior to the beginning of each interview. All data were collected by the interviewer within a month of the first interview. While the ideal would have been for all eight interviews to be conducted within the same week, the interview dates needed to be adjusted to accommodate the participants. Each interview lasted about fifteen minutes, but there were variations in this based upon the time needed for each participant to fully discuss their experiences. At the end of each interview, the interviewer thanked the participant for their participation in the study and provided them with a $15 gift card.

After each interview, these data were transcribed into a Word document. The interviews were transcribed to Spanish and then translated into English to ensure higher validity. Transcribing interviews were time consuming, with a 45-minute interview potentially containing up to 4,500 words, which can be written in nine pages (Wilson, 2002). For this reason, the interviews were transcribed perfectly to ensure the validity of the study.

Data Analysis Plan

Each interview was transcribed into a Word document and translated from Spanish into English since the interviews were in Spanish, but the coding was done in English. Once this task was completed, each interview was coded manually and placed in an Excel document. Each interview was coded based on the most common words used between all the participants. During the interview, the interviewer recorded the body language of the participants on the observation sheet. This coding ensured that the analysis considered suggestions from body language about participant's comfort regarding various subjects.

Once all the collected information was coded, the researcher developed answers for the different research questions. There are three research questions on this study that asked about miscommunication of the patients with their physicians while using interpreter services, incorrect medical diagnosis or inappropriate care while using interpreter services, and the influence of use of interpreter services on the frequency of consultation of physicians. Because it was unknown what the answers of the participants were going to be, it was important to analyze the answers carefully to assess if there are common answers between participants or if further research about this topic was needed.

Issues of Trustworthiness

Credibility

To establish credibility, the researcher had more than one method to collect data. Two different audio recorders were used to ensure a backup in case one stops recording,

and observation sheets was used to record the behavioral language of the participants. Questions were written in detail so every participant can understand them and provide unique information about their experiences using interpreter services. Afterward, the interviewer coded all these data carefully and without any bias. Qualitative data requires sharp focus and scrutiny, and the quality of data is strongly related to the credibility of conclusions and implications (Sutter, 2012). It was unknown if saturation was going to be reached, but it was a strong possibility because the participants had similar backgrounds. Research studies related to this topic were used to corroborate information.

Transferability

Transferability in a qualitative research is established based on how the study can contribute to a theory or build a new theory (Cavalcanti, 2017). In this study, transferability was established by repeating the interviews with another eight Spanish-speaking patients who lived in the Gwinnet and Dekalb counties in Atlanta, Georgia, and who have previously used interpreter services. Other ways to establish transferability would have been to select other participants from other counties in Georgia or to perform the study with other individuals whose primary language was not Spanish nor English and have used interpreter services before.

Dependability

To ensure the dependability of a qualitative study, the researcher did not make any careless mistake throughout the study, including during the conceptualizing, collection, coding, or interpretation stages (Englander, 2020). Dependability ensured that

the research study was consistent and can be repeated; this was achieved by using triangulation. Triangulation checks and establishes validity in the study by analyzing the research questions from different perspectives (Lemon & Hayes, 2020). It does not mean that the researcher must try to fit his data into a particular theory or study; instead, it analyzes the researcher and finds a deeper meaning from it. For this reason, the researcher did not think about what the results were going to be at the end of the study, but had an open mind and was as neutral as possible through the study.

Confirmability

There are many ways that the bias of a researcher can affect a qualitative study; reflexivity can help with this problem. Reflexivity states that the position of the researcher can affect the results of the study (Berger, 2015). For this reason, the researcher was careful during the interview, collection of data, coding, and analysis stages. As previously stated, a researcher could not have a fixed mind about what the results of the study were going to be, otherwise the study would have not been accurate (FitzPatrick, 2019). A researcher must have an open mind about data collected and be as unbiased as possible.

Intracoder Reliability

This study was only handled by one researcher. This researcher used care when coding the interviews and analyzing these data. This was the only way to ensure intracoder reliability. Intracoder reliability assesses the stability and reflexivity of the

researcher (Jacinto et al., 2016). For this reason, the researcher had to self-reflect on his beliefs and how his actions might have affected the results of the study.

Ethical Procedures

Ethics is a continuous process of learning and development in research (Head, 2020), so several ethical procedures were taken prior to starting the recruitment of participants and interviews to ensure that the practices answer all ethical concerns. This research study had to follow guidelines and procedures set up by the Institutional Review Board of Walden University. Before starting each interview, a consent form with relevant information was provided to each participant. After each participant signed it, the forms were collected and will be kept for five years in a file cabinet by the researcher to show that the participants agreed to participate in the study. The participants also received a copy of the consent forms. Each participant was identified by a number rather than their name to maintain confidentiality. At the end of the participation, each participant received $15 in a form of a gift card to compensate them for their time.

Summary

This chapter discussed the different necessary components for the performance of the study. The central focus of the study is communication barriers that Spanish-speaking patients face while using an interpreter with their medical providers. This study followed a phenomenological approach, which focused on allowing participants to talk openly about their different experiences. For this reason, the role of the researcher was to

ask open-ended questions to the participants and record their body language on an observation sheet.

The population for this study was Spanish-speaking individuals who live in the Gwinnett and Dekalb counties in Atlanta, Georgia. Prior to performing the main research study, the researcher performed a pilot study to test his researcher-developed questions and evaluate if changes to the study were necessary. Participants from the pilot and main research study were compensated with $15 in gift cards and their personal information will remain private. A checklist, digital audio recorder, cellphone recorder, and an observation sheet were used during the interviews. Then, each interview was transcribed and translated into a word document, after that, the interviews were coded manually and placed in an Excel document.

Chapter 4: Results

Introduction

Often, Spanish-speaking individuals in the United States have difficulty communicating with their English-speaking physicians regarding their medical issues or concerns. This can lead to adverse experiences for the patient or even adverse health outcomes due to miscommunication between the patient, an interpreter, and the physician. The purpose of this qualitative study was to explore the experiences of Spanish-speaking patients using interpreter services with their physicians.

This study had three research questions that explored the study purpose:

Research Question 1: What are the experiences of Spanish-speaking patients in using interpreter services to transmit their concerns, symptoms and other healthcare information to their provider?

Research Question 2: What are the experiences of Spanish-speaking patients in getting timely, accurate medical diagnoses and treatment when using interpreter services with their physicians?

Research Question 3: How have the experiences of Spanish-speaking patients using interpreter services influenced how often they consult their physicians?

This chapter covers information about the pilot study, setting, demographics, data collection and analysis, evidence of trustworthiness and the results. There is a summary at the end and a transition to Chapter 5.

Pilot Study

After receiving approval from the Institutional Review Boards (IRB) at Walden University, a pilot study was conducted to validate the study questionnaire. The pilot study involved three participants who lived in the same geographic region, Gwinnett and Dekalb counties in the state of Georgia, and included the same inclusion criteria for all other study participants, had previously used interpreter services to communicate with their physicians. Prior to the interviews, the researcher recruited three participants, explained the purpose and procedures about the interviews to them, collected the signed consent forms and translated all the interview questions from English to Spanish. Two of the seven interview questions were reworded so that the participants in the main study could understand them better. The other five questions were straight forward and easy to understand so they did not need to be reworded. All the interviews were conducted in Spanish and no professional interpreters were needed because the first language of the researcher is Spanish. The interviews conducted during the pilot study were transcribed, validated by the participants, and translated from Spanish to English. Those data collected during the pilot study were not included in the final results.

Setting

The researcher provided the participants with different location options to conduct the interviews. Due to the increase in cases and deaths from COVID-19 in the state of Georgia at the time of data collection, all the participants chose to have the interviews via video-call via Zoom and WhatsApp video. There were no adverse incidents such as a loss

of internet connection, inability to hear the respondent or interviewer, or any other issues with communication that occurred during any of the interviews. All of the interviews were recorded successfully using a digital recorder, not a recorder in the video chat, and the audio recorder of a cellphone which was used as a backup.

Demographics

All the participants in this study were at least 18 years old. The exact ages of the participants were not asked, only if they were at least 18 years of age was asked. All participants lived in Gwinnett or Dekalb County in the state of Georgia. All participants used interpreter services to communicate with their physicians at least once since the year 2015. Seven (87.5%) of the eight participants were female.

Data Collection

After the pilot study was completed and analyzed, eight interviews for the formal study were conducted in Spanish. Consent forms were provided and collected prior to the beginning of each interview. The purpose of this study was explained to the participants. The purpose of these interviews was to explore the experiences that Spanish-speaking patients had when using interpreter services to communicate with their physicians. All interviews were conducted via video call through Zoom and WhatsApp video. Each interview lasted an average of 15 minutes. The interviews were recorded using a digital audio recorder and an audio recorder from a cellphone. Each interview was transcribed into English and saved as a Word document. The interviews were saved on a password-protected computer that could be accessed only by the researcher.

An observation sheet was used to record the reactions and body language of the participants. At the end of each interview, the interviewer thanked all of them and mailed a $15 gift card to all of whom accepted the gift card. One participant in the pilot study and one in the main study did not accept the gift card. All the interviews were conducted via video call through Zoom and WhatsApp video due to participant preference because of the high levels of COVID-19 infections and deaths in the state of Georgia.

Data Analysis

Eight interviews for the main study were conducted using a phenomenological approach. The interview audio files were transcribed and translated into English in a Word document. A copy of the transcriptions was e-mailed to each participant so that they could be viewed for accuracy. Each interview was given a number ranging from four to eleven. The names of the participants were not revealed during data analysis. Since the interviews were recorded, the researcher was able to take notes of each participant's body language on a note pad without any pause.

The researcher read each interview four times and proceeded to code each interview manually using an inductive methodology called the ground-up methodology. The researcher did not hire someone else to transcribe these data, all data were transcribed by the researcher. In the ground-up methodology, the researcher analyzes and interprets data to develop codes, categories and themes. This methodology helped the researcher to derive different codes from those data. The data were analyzed manually and grouped into codes, categories, and themes. Some of the most common words that

arose during the interviews were short phrases, limited communication, and cannot express freely. These specific codes were repeated throughout most of the interviews and were a signal that saturation was met for the study. Saturation is met when no additional data are being found (Guest et al., 2020).

Table 1

Developed Codes from Participants

Codes	Number of Participants that Mentioned Experienced Code
Affected medical treatment	5
Speak using short phrases	8
Limited communication	8
Cannot express freely	8
Having doubts	5
Patient dissatisfaction with interpreter services	7
Not fluent in Spanish	3
Not interpreting the correct message	5
Need for better training	6
Need for more knowledgeable interpreters	7
Medical risks	4
No availability of interpreter services	5
Interpreters give their own opinion	4
Interpreters need to be more conscious	6
There needs to be a vocation for interpretation	2
Interpreters do not interpret the whole message	6
Better in-person interpreters	5
No cultural awareness	2

Categories and Themes

Codes are labels that are attached to a phrase, they tend to be shorter and more analytic units (Linneberg & Korsgaard, 2019). Themes are used to identify a major element of content in the analysis of data and are usually expressed in longer phrases or sentences (Vaismoradi & Snelgrove, 2019). Vaismoradi and Snelgrove (2019) also stated that a group of themes can be put together into categories which help to reduce the number of pieces of data in the analysis.

Table 2

Categories and Themes

Categories	Theme
Spanish-speaking patients experienced miscommunication with their physicians.	Participants were asked to use short phrases. Participants felt that they had limited communication with their physicians.
Spanish-speaking patients did not receive appropriate care while using interpreter services.	Medical treatment was affected while using interpreter services. Participants felt that their messages were not interpreted completely.
Interpreters needed more preparation, and this influenced how often they used interpreter services.	Participants had doubts about messages that were interpreted. Participants did not have satisfactory experiences with interpreter services. Participants felt that interpreters needed more training. Participants felt that interpreters were not professional.

Among the interviews, there was one discrepant case who felt they had an excellent experience. This experience was inconsistent related to the other eight

interviews, but they still shared some codes with the rest of the interviews which helped the interviews to reached saturation. For example, this interviewee had a good experience using interpreter services, but was asked to use short phrases and they felt that had limited communication with her physician. Even though their response differed from other responses among the participants, they stated that they could not express their concerns to their physician due to limited time.

Evidence of Trustworthiness

Credibility

Qualitative data requires sharp focus and scrutiny, and the quality of data is strongly related to the credibility of the conclusions and implications (Sutter, 2012). To improve credibility, triangulation and member-checking occurred. Also, the researcher used two different audio recorders to ensure a backup in case one stopped recording, and observation sheets were used to record the behavioral language of the participants. Saturation was determined to be reached because the experiences of most of the participants were similar and no new data were being gathered.

Transferability

In a qualitative research, transferability is established based on how a study can contribute or can be transfer to other contexts or to build a new theory (Cavalcanti, 2017). During the interviews, the researcher interviewed eight Spanish-speaking patients who lived in the Gwinnet and Dekalb counties in Atlanta, Georgia, and who had previously used interpreter services during their healthcare visits. There were no changes during any

of the last eight interviews. It is assured that this study is transferable because it can be repeated in other states using different participants who meet the requirements for this study.

Dependability

Dependability ensures that the research study is consistent and can be repeated. This can be achieved by using triangulation (Englander, 2020). Triangulation is a method that helps to increase the validity, reliability and legitimation in the study by analyzing the research questions from different perspectives (Lemon & Hayes, 2020). In this study, triangulation was achieved by using different data collection methods. Also, audio recorders were a way to ensure dependability by ensuring that these data were clear during the transcription of the interviews.

Confirmability

Confirmability is to get the closest possible to objective reality as qualitative research can get and to establish data and interpretations of the results only derived from data collected (Stan & King, 2020). In order to increase confirmability, the researcher was meticulous during the interview, collection of data, coding, and analysis stages. The researcher had an open mind about these data collected and was as unbiased as possible with the help of member-checking and triangulation.

Findings

The participants of this study had mostly similar experiences, however some of their answers varied. The responses of all the participants were transcribed, translated and

analyzed by the researcher. All the participants remained calm and collaborated throughout the interviews, there were no signs of distress such as yelling or crying. The reported experiences of the participants were used to answer the three research questions for this study.

RQ 1: What are the experiences of Spanish-speaking patients in using interpreter services to transmit their concerns, symptoms and other healthcare information to their provider?

Theme 1: Participants were asked by the interpreters to used short phrases

The majority of the participants of this study did not feel that they had good experiences using interpreter services to transmit their concerns, symptoms and other healthcare information to their providers. All of them were asked to use short and concise phrases when talking to their physicians. For example, Participant 1 mentioned, "Interpreters have told me to use short phrases, and I cannot express everything." Participant 4 said, "The first thing interpreters tell you is to use short phrases, so you have to start thinking about short phrases when in reality you want to explain things in detail to the doctor." Participants expressed their concern that, by using phrases, they were not able to fully and freely express themselves. Participant 3 stated, "They tell you to use short phrases and that they will try their best to interpret your message, but most of the time, you cannot say what you want because you're limited." Participant 8 said: "their time is limited. You can say one thing, and the interpreter will not interpret the exact message but a shorter version,". Many participants felt that by using short phrases, they

had limited communication with their physicians and could not transmit all of their concerns. For example, Participant 6 stated that she was worried that her physician could not understand what she tried to say since she had to used short phrases and could not express herself freely.

Theme 2: Participants could not express their concerns freely

Participants mentioned that they could not express their concerns freely for a variety of reasons. For example, participants 4 said, "The interpreter tells you to use short and clear phrases, but then the doctor talks a lot, but the interpreter translates a little bit." Another participant stated, "the interpreter told me in three words everything the doctor said, but I had to ask if they could explain it again." Participant 5 indicated that doctors do not have enough time during medical visits, so they had to send an abbreviated message due to their limited amount of time.

Theme 3: Participants did not feel like their messages were completely transmitted

Participant 5 mentioned that they experienced interpreters giving their own opinion instead of transmitting the participant's messages to her doctor. "Instead of the interpreters doing their job as liaisons, they talk to you and do not interpret the conversation." Participant 3 stated that she became frustrated that her messages were not interpreted completely, so they started taking their daughter to their medical visits. They said, "I preferred that my daughter translate for me instead of an interpreter because I know that my daughter is going to say my message correctly." This participant stated that they did not feel her messages were interpreted completely because their interpreter was

not fluent in Spanish. They also stated, “There are some people who do not speak Spanish well, so when they do not speak Spanish 100%, there is a deficiency in being able to communicate well.” Participant 2 said, “There have been times that I have said around 10 sentences, but the interpreter said only three sentences.” This participant mentioned that they had questioned the interpreter in front of the doctor multiple times because they felt that all their messages were not interpreted completely.

Theme 4: Some interpreters give their opinion instead of interpreting the message

Participant 3 said, “It has happened to me many times, many times, that I ask the interpreter a question, and he answers me and does not interpret it.” They believed that interpreters should stick to their role and simply interpret the messages, not give their personal opinions. Participant 5 said, “Most of the time, I feel that they want to intervene or discuss their issues or give their opinions.” Participant 1 felt that some of her previous interpreters had a sense of superiority. Another mentioned that their interpreters became frustrated and mad at them. A couple of participants said that they were not careful when interpreting messages and that it affected their emotional states.

RQ 2: What are the experiences of Spanish-speaking patients in getting timely, accurate medical diagnoses and treatment when using interpreter services with their physician?

Theme 5: Limited availability of interpreters

Many participants had similar experiences in getting timely, accurate medical diagnoses and treatment when using interpreter services with their physicians. For

example, some hospitals did not have enough interpreters available, so patients waited for long times. Participant 1 stated that many times they had to wait for an interpreter to become available so she could see a physician at the hospital.

In some cases, some hospitals did not even offer interpreter services to patients. For example, Participant 7 stated that they were admitted to the hospital because they were sick, but they were not told of their medical diagnosis. Once they were transferred out of the hospital to a nursing home, they found that they were admitted to the hospital due to COVID-19 complications.

Theme 6: Serious medical outcomes

Not all participants reported that their medical treatment were affected by using interpreter services. However, for those who were affected, the effect was very serious. Participant 1 stated that they had complications during the birth of their younger child and that their baby almost died. They mentioned that they did not have an interpreter with them at all times and that when they asked for help, they were ignored. Participant 1 stated, “my other doctor told me that my baby could have been born blind or dead.” This participant shared many experiences and expressed their disappointment toward interpreter services. Participant 1 mentioned that many times, they did not know their medical diagnosis and that their relationship with their physician had deteriorated.

Participant 2 felt that their medical treatment was delayed and that it caused further medical complications that affected their personal life. Participant 2 stated, “I could have sued, but I did not do it because sometimes you are so physically ill that you

do not want to have other legal problems, and that is the problem that we Hispanics have that we do not say." Participant 4 agreed that using interpreter services delayed their medical treatment and had doubts about their medical treatment.

Theme 7: Inaccurate medical diagnosis and treatment

Some participants had doubts about the messages that were interpreted by the interpreters. Participant 2 who understood a little English said, "I have a problem with my liver and not with the kidneys, so when they turned me over to a translator, she started saying it was kidney and I said it's not kidney, it's liver." Participant 3 stated that they did not know whether the interpreter was interpreting their message completely and was afraid that their physician might give them a misleading answer. Participant 3 said, "I don't know what the translator would say to the doctor or is going to tell him about what I wanted to say to him." This participant understood a little English and mentioned that sometimes they heard the interpreter saying the wrong message, and they had to correct the interpreter. Participant 6 said:

> One time my doctor told me something about my medical condition and the interpreter did not interpret the message correctly and said that I was going to die, so I started crying; but the doctor had said that my cancer was gone, not that I was going to die.

RQ 3: How have the experiences of Spanish-speaking patients using interpreter services influenced how often they consult their physicians?

The experiences of Spanish-speaking patients using interpreter services influenced participants in different ways. Some participants decided to stop using interpreter services and request help from family members because they believed that their family members will transmit a more accurate message. Another participant, Participant 4, stated and that they did not feel comfortable consulting her doctor unless it is extremely necessary because they did not want to use interpreter services. Participant 4 said, "I don't know what study they have, but I think they should take a course and stick to those rules." Participant 6 stated that interpreters should "improve a lot in a matter of being a little more specific and more prepared in the medical system." Some participants believe that most of the problems they had while using interpreter services could be solved by having better training for the interpreters. Participant 5 said, "Professional interpreters must train in the area that corresponds to them. They should train directly with doctors and learn technical terms so that they can better help the patients." Then, this participant mentioned that they stopped using interpreter services to communicate with their physician and instead they had started to communicate with their physician directly in English.

Some participants felt that their interpreters did not behave in a professional manner. Participant 3 stated, "I think that it is not professional for them to give me their point of view of a situation that I am talking about to my doctor." This participant stated that their previous interpreters would not interpret their messages but would rather answer them messages directly. This participant also mentioned that one of their previous

interpreters even laughed when they were asked a medical question. Another participant had mixed situations regarding the professionalism of her interpreters. Participant 1 said, "They have been so kind and patient with me. You can see their vocation for interpreting, but there have been other people who have pressured and rushed me, and they were not kind." Another participant stated, "There are some people who are very diligent, some interpreters who are very good, but there are others who are there just to earn the money."

The reported experiences of these participants helped to answer the three research questions of this study. Participants talked about how their experiences using interpreter services transmitted their concerns, symptoms and other health care information to the physicians. Also, how they received timely, accurate medical diagnosis and treatment while using interpreter services with their physicians. And how their experiences using interpreter services influenced how often they consult their physicians

Summary

This chapter discussed the experiences of Spanish-speaking patients using interpreter services. Most of the experiences of the participants were similar. Participants were told to use short phrases by the interpreters, had limited communication with their physicians, and could not express themselves freely to their physicians. Some of the participants did not receive timely medical treatment and had doubts about their diagnosis. However, some other participants did not experience these issues. Many participants reported that they kept using interpreter services to communicate with their

physicians. However, a couple of participants stopped using professional interpreters and decided to get help from family members instead. The findings, limitations, recommendations, and implications of the study will be discussed in Chapter 5.

Chapter 5: Conclusion

Introduction

The purpose of this phenomenological qualitative study was to explore the experiences of Spanish-speaking patients who used interpreter services with their physicians. This study included participants who had used interpreter services since the year 2015 and lived in the counties of Gwinnett and DeKalb in Georgia, United States. The research consisted of a pilot study (three interviews) followed by the main study (eight interviews). This study utilized a phenomenological approach; participants were asked open-ended questions, and their responses were analyzed, coded, and interpreted by only the researcher. This chapter presents the interpretation of the study's findings, description of the study's implications and its limitations, and provide further recommendations for future research.

Interpretation of the Findings

This study explored the experiences of Spanish-speaking patients using interpreter services with their physicians. Many of the participants' responses confirmed the research previously described in the literature review section in Chapter 2. Many Spanish speakers in the United States do not speak English at all (Fernandez & Perez-Stable, 2015), which can lead to communication problems when they visit medical providers. An effective translation is necessary to ensure an accurate and cross-cultural adaptation of the training, clinical, and other communication materials (Acharya, Rimal, Citrin, Swar, Thapa, Basnet, & Kohrt, 2017). The majority of this study's participants stated that they were

asked to use short phrases by interpreters. They indicated that in such cases, they could not freely express all of their concerns, and this created communication problems between them and their physicians—and, in many cases, it affected the resulting medical treatment.

Raynor (2016) stated that not spending the necessary time with these patients or trying to hurry along an examination created miscommunication and led to issues with patient treatment compliance. Poor communication in a healthcare setting can have significant implications. When patients are unable to communicate clearly with doctors, the quality of the medical treatment they receive is often decreased (Jacobs et al., 2018). Many participants mentioned that they did not feel like their entire messages were relayed and that interpreters left out important information for the provider. This may be due to the limited amount of time that physicians must see their patients. For example, one participant stated that she almost lost her baby during delivery because she could not communicate properly with her medical providers. Another participant in the present study had a negative experience at a local hospital; she stated that due to her poor experience with interpretation services and her doctors, she would not go back to the hospital again.

Though many participants did not report positive experiences using interpreter services, some indicated that they had good experiences with other interpreters who were caring and trustworthy. Professional interpreters are often recommended because their services increase cultural competence due to similarities between their backgrounds and

those of the patients, and because they serve as channels for transmitting messages between patients and physicians (Njeru et al., 2016). Unfortunately, the participants of this study stated that having caring and trustworthy interpreters were rare. Spanish-speaking patients preferred interpreters who were trustworthy and caring—for example, those who help patients schedule follow-up appointments and stay with them until they leave their medical offices (Lor et al., 2016).

It is sometimes difficult to book a professional interpreter in advance, and some interpreters do not seem to provide high-quality interpretation (Czapka et al., 2019). Some participants stated that it was difficult to book interpreters' services. Others stated that they had to wait many hours, even days, for an interpreter to become available. This reportedly affected the timeliness of medical diagnosis and treatment.

The U.S. Executive Order 13166, released in 2000, requires federal agencies to provide interpreter services for people with light English proficiency (Jacobs et al., 2018). However, some hospitals do not adhere to these regulations and do not offer resources like professional interpretation services (Bell, 2019). This was the case for the only male participant in the present study, who stated that no one in the hospital informed him about his medical diagnosis until after he was sent to a nursing home. His diagnosis was COVID-19. Interpreters are scarce in some hospitals due to a lack of resources, and other hospitals have interpreters who do not translate messages correctly (Sangaramoorthy & Guevara, 2016).

Limitations of the Study

This study had some limitations that required consideration. Many participants were hesitant to participate after they were asked to fill out the consent forms for the compensation because they were worried that their names were going to appear in the study. The researcher assured each of the participants that none of their information was going to get published in this study. Additionally, those data collected in this study were from a target population with a limited sample size since only Spanish-speaking patients who have used interpreter services and lived in two counties in the state of Georgia could qualify for the study.

Furthermore, all recruitment and promotion of the study was performed through social media due to the high number of cases of COVID-19 in the state of Georgia, therefore the researcher could not recruit people in person which could have made the recruitment process faster and more suitable for potential participants. Lastly, a common limitation in qualitative research is generalizability (Leung, 2015). The small study size of eight participants cannot truly represent thousands of people in the same situation in the same or a different geographical area. However, this does not indicate that this study is not valid, transferable, meaningful, or capable of making a positive social change. For this reason, further research must be done in other geographical regions and participants.

Recommendations

As previously stated, additional research is recommended to further explore the experiences of Spanish-speaking patients using interpretation services with their

physicians. Few studies have focused on this topic or on how to improve medical services for Spanish-speaking patients. The study should be repeated in different geographical areas within the United States and in places with varying Spanish-speaking populations. For example, it may be noteworthy to compare the experiences of participants in Miami and those in Wyoming. Also, the researcher recommends repeating this study using different recruitment methods, sample size and more in-depth question.

Based upon the findings from this study, it is recommended that physicians spend more time with their Spanish-speaking patients who use interpreter services. Many participants stated that they were asked to used short phrases and could not express their concerns freely. This can deteriorate the patient-physician relationship and lead to improper diagnosis and treatment. It is also recommended that healthcare organizations hire additional professional interpreters since most participants stated that there is limited availability of them. Also, many participants stated that they did not feel like their messages were completely transmitted and that some interpreters gave their opinion instead of interpreting the messages. This experience influenced how many times participants consulted their physicians. For this reason, further research is recommended on the behavior and professionalism of interpreters. On top of this, professional interpreters should receive better training since some participants experienced inaccurate interpretation of messages that could have led to an incorrect medical diagnosis, treatment, and long-term adverse health outcomes.

Implications

This study could have a positive impact on the lives of Spanish-speaking patients in the United States by providing insight into the shortcomings of interpretation services as a means of communication between physicians and patients. This study pointed out that interpretation service providers could benefit from additional training to provide a more culturally competent and a better customer service to their Spanish-speaking patients. Also, this study showed that the Spanish-speaking patients are often not receiving optimal medical care when using interpreter services due to a variety of reasons. Many non-English-speaking patients who have used professional interpreters have experienced low-quality service and, often, poor health outcomes as a result (White et al., 2018).

This study could help medical organizations improve the services they provide to their patients by understanding that their patients who are using interpreter services might not be receiving the best care possible due to gaps in communication. This can be seen when professional interpreters ask Spanish-speaking patients to use short phrases to communicate with their physicians; some important information in the patient's medical history can be left out. Further, this study could be used to raise awareness among health care providers and interpreters about the struggles of their Spanish-speaking patients. Ideally, the findings of this study could encourage providers to devote more understanding and compassion to their patients and the situations they experience. Improved physician-patient communication can lead to better medical care, more

effective treatment, and improved adherence from patients, which can benefit their health in the long term.

Importantly, this research could help to improve the medical treatment, quality of physician-patient communication, and lives of Spanish-speaking patients; ultimately improving their health outcomes, and potentially reducing their medical expenditures. Spanish-speaking patients could experience improved health outcomes and enriched lifestyles. As a result, such patients could have more productive working years and contribute more to society, benefitting the nation financially. Improved medical treatment could also lead to a decline in populations receiving unnecessary and expensive medical services, in turn reducing the cost of insurance policies and taxes.

Conclusion

In the United States, non-English-speaking patients seeking medical services face many obstacles. This barrier is exacerbated in situations in which the physicians treating these patients do not speak their language. Such a language barrier can affect the patients' medical treatment because they might not fully understand their physicians' orders, or because the physicians did not understand the patient's medical history completely. These patients often turn to professional interpreter services to communicate with their physicians. Often, miscommunication occurs due to the translation process between patients, interpreters, and physicians.

This study explored the experiences of Spanish-speaking patients who lived in the state of Georgia and who used interpretation services to communicate with their

physicians at least once since the year 2015. The results of this study pointed out that many Spanish-speaking patients who use interpreter services are not receiving the highest level of medical services possible, and that interpretation service providers need additional training. This study also could make physicians and professional interpreters more aware of the obstacles that their Spanish-speaking patients experience.

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