Language Barriers in Vienna Hospitals

FRANZ PÖCHHACKER

Department of Translation and Interpreting, University of Vienna, Vienna, Austria

ABSTRACT

As part of a wider investigation of cross-cultural communication practices in health care and social service institutions of Vienna, a survey among hospital staff was conducted to establish the need for mediated communication between service providers and non-German-speaking patients. The responses of 508 doctors, nurses and therapists demonstrate a substantial need for interpreting services, which is currently met by family members (most often children) and bilingual hospital employees (most often cleaners). Most of the respondents were well aware of the shortcomings of ad hoc interpreting arrangements and voiced a clear preference and demand for a hospital interpreting service to improve communication with and health care provision to non-German-speaking patients.

Keywords: Communication, language barriers, interpreters.

INTRODUCTION

Austria no longer has the multi-ethnic population that once characterized the Habsburg Empire. Nevertheless, active recruitment of migrant labor since the 1970s and the influx of refugees from crisis areas in Eastern Europe have given the country, and particularly its capital city Vienna, a distinctly multicultural demographic structure. A considerable share of Austria’s roughly 400,000 non-national residents, mostly from the former Yugoslavia and Turkey, is found in and around Vienna. Given the increasing need for social service institutions to integrate residents of non-German-speaking (NGS) background into its client base, public authorities in Vienna took initial measures in the late 1980s to help overcome language and cultural barriers in service provision to persons from different language backgrounds. Thus, an initiative of the Vienna office of the WHO Healthy Cities Network made several Turkish–German bilinguals available to the gynecology wards of major hospitals to perform native-language liaison services, especially by acting as interpreters between hospital staff and Turkish patients.

In the early 1990s the function of the native-language liaison workers (interpreters) was integrated into the personnel structure of the Vienna Hospitals Corporation. Nevertheless, it remained unclear to what extent this team of six individuals actually covered the linguistic and cultural mediation needs of Vienna’s most important health care institutions. Therefore, in light of international developments in the field of community interpreting, particularly in health care settings, the local WHO Healthy Cities office and the Vienna Integration Fund commissioned a survey designed to
establish current communication practices and interpreting needs in major health care and social service institutions. This paper reports on the main component of the study, the hospital survey, which, *inter alia*, addressed the following questions:

- What is the share and frequency of NGS patients?
- What language communities do NGS patients belong to?
- What are the modes of communication with NGS patients? (Who helps overcome language barriers, and how?)
- Are health care providers satisfied with current communication practices?
- Which is the most suitable arrangement for overcoming language barriers?

**METHODS**

The survey was carried out in early 1996 by means of a seven-page self-administered questionnaire addressed to hospital staff in six medical specialties: internal medicine, surgery, gynecology/obstetrics, pediatrics, ENT and psychiatry. A total of 765 questionnaires were distributed in 12 hospitals via the respective heads of department to doctors, nurses and therapists (three questionnaires each). Respondents returned the questionnaire directly by post.

**RESULTS**

**Response**

A total of 508 questionnaires were returned, yielding an overall response rate of 66.4%. The study population is composed of 184 doctors (36%), 204 nurses (40%) and 120 therapists (24%) The male–female ratio for the group as a whole is 1:3, with a large preponderance of women in the categories of nurses and therapists. For doctors, the male–female ratio is 2:1. Most respondents were in the age group between 35 and 40 years, with an average of 13 years professional experience and an average of 8 years on the job in the respective department.

**Frequency of NGS Patients**

A total of 95% of the respondents confirmed that they were seeing ‘patients with little or no command of German’ (referred to as non-German-speaking patients for the purpose of the study). Among doctors, this percentage was as high as 98%.

On average, respondents were seeing some 20 inpatients and 20 outpatients per day, including one or two NGS patients. As for the most commonly reported frequencies of NGS patients per week, these were between 2 and 10 for doctors (median: 5) and nurses (median: 4), and between 1 and 5 (median: 2) for therapists. Figure 1 shows a breakdown of the data by medical specialty.

The highest proportion of NGS patients was reported from departments of gynecology/obstetrics, where 50% of all values were between 5 and 15, with a median of 10 NGS patients per respondent per week. For the areas of surgery, pediatrics and ENT, the median was 5 NGS patients per week.

**Languages**

In the experience of the 508 respondents, NGS patients were associated with 27 different language communities. The most commonly reported languages were ‘Serbocroat’ (Bosnian/Croatian/Serbian) and Turkish, mentioned 478 and 456 times, respectively. English was mentioned by 199 respondents, Polish by 153, Arabic by 91, Czech/Slovak
by 69 and Hungarian by 57. Other languages mentioned up to 50 times include Russian, Chinese and Romanian.

**Mode of Communication**

When providing care to NGS patients, direct (unmediated) communication is possible only for a small percentage of hospital staff. Of the 7% who indicated that they ‘always’ managed without the involvement of third parties, only few respondents mentioned the use of English as a *lingua franca* or another common language as an option. Most of them rather rely on ‘simplified German’ and body language. On the whole, however, respondents were clearly aware of the shortcomings of this mode of communication and indicated that it was ‘frequently’ (48%) or even ‘always’ (17%) problematic; 91% of respondents agreed with the observation that ‘one is not sure how much patients really understand’.

For the vast majority of respondents, then, communicating with NGS patients implies the involvement of third parties in the interaction. The relative importance of different categories of mediating parties is shown in Figure 2.

For a total of 60% of the respondents third-party mediators are ‘often’ (45%) or ‘nearly always’ (14%) persons accompanying the patient. More than half reported that the function of linguistic mediator was ‘often’ (36%) or ‘nearly always’ (17%) performed by bilingual hospital staff. In contrast, ‘native-language liaison workers’ (interpreters) for Turkish patients play a minor role, even when considering only responses from hospitals with such positions (*n* = 334). The use of interpreters called in from outside the hospital is a rare exception.

A more detailed breakdown of the most important categories of mediating parties shows that it is mostly the patients’ children (73%) and (Serbocroat-speaking) cleaners (61%) as well as nursing staff (44%) who do the interpreting (Figures 3 and 4).
FIGURE 2. Mediation of communication by third parties.

Problems?
When asked about problems with the use of various types of untrained *ad hoc* interpreters, respondents were least confident of accompanying persons, and 90% agreed with the observation that ‘accompanying persons do not know or understand medical terms’ and ‘do not have sufficient knowledge of medical subject matter’. Eighty percent
of respondents confirmed from their experience that ‘accompanying persons give a short translation for long utterances by the patient and vice versa’, and two-thirds of respondents attested to the occurrence of untranslated exchanges between mediating persons and NGS patients during the interaction.

The use of bilingual hospital staff in the function of interpreter was viewed as much less problematic. However, the fact that three-quarters of respondents agreed with the observation that ‘staff cannot stay away for long from their own duties’ seems to indicate that responses were made with clinical staff rather than cleaners in mind.

**Satisfaction**

Asked about their satisfaction with current communication practices with NGS patients, 47% of respondents indicated that they were ‘not satisfied’ (50% ‘satisfied’, 3% ‘very satisfied’). Among (predominantly female) nursing staff, the percentage of those not satisfied was 51%, and a comparison of responses from male (n = 112) and female (n = 64) doctors in the study group shows that the latter were significantly less satisfied (39% vs 62% ‘not satisfied’).

While respondents were not asked to give specific reasons for their lack of satisfaction with current communication practices, they did give their views on potential consequences of communication barriers for service provision to NGS patients. Apart from the occurrence of ‘misunderstandings’, both in ‘scheduling appointments’ and ‘filling in forms’, 91% of respondents confirmed that there was only a ‘limited possibility of patient information’, and 70% saw a ‘lack of compliance’ as a possible consequence of deficient communication.

**Arrangements for Overcoming Communication Barriers**

Respondents were asked to rate six different options for overcoming communication barriers with NGS patients on a 5-point scale (1 = ‘least suitable’, 5 = ‘most suitable’): the use of accompanying persons, the use of bilingual hospital staff, an interpreting
service in the hospital, the use of (freelance) interpreters from outside the hospital, service provision in the foreign language, and a telephone interpreting service. The results are shown in Figure 5.

Respondents clearly rated a hospital interpreting service as the best option for overcoming communication barriers with NGS patients, over and above the two options representing the status quo, i.e. the use of accompanying persons and bilingual staff as ad hoc interpreters. Service provision in the respective foreign language was also rated as quite suitable, particularly by respondents from psychiatric departments, whereas a telephone interpreting service, virtually unknown in Austria, was not. When asked to rate the relative importance and urgency of 12 measures for improving communication with NGS patients, the creation of a hospital interpreting service again received a top rating, second only to the demand for ‘more written patient information in foreign languages’.

DISCUSSION

From the results of this survey of 12 hospitals, the need to communicate with patients who have little or no command of German clearly emerges as an everyday experience for health care professionals in Vienna. Considering the small sample size, which amounts to an average 6% of the medical, nursing and therapeutic staff of the 71 hospital departments included in the survey, the quantitative findings provide ample evidence of the scope and significance of the issue. Nevertheless, the communication (and interpreting) needs arising from the fact that care providers and patients often do not share a common language are not dealt with by an overall policy, thus confirming an observation made by Putsch in the mid-1980s: ‘Institutions vary in their arrangements to meet the needs of monolingual patients and health care providers. Even when there is a well-described need, many facilities have not dealt with language and cultural problems in a formal operational sense.’

While the presence of a ‘native-language liaison worker’/interpreter for Turkish in the gynecology or pediatric wards of six hospitals represents a significant institutional response, there is no general policy for covering communication and interpreting needs
in other departments and other languages (27 were reported by respondents). In the absence of institutional arrangements for overcoming communication barriers with NGS patients, hospital staff are left to manage on their own as they see fit, using ‘basic German’ and body language and relying on the services of children and cleaning staff. The fact that provider–patient communication is usually enabled on an *ad hoc* basis by untrained bilinguals (accompanying persons, housekeeping staff) is not untypical of the status quo in the German-speaking area.\(^4\)\(^5\) Such communication practices are highly questionable, however, in the face of reports in the literature which demonstrate the incalculable medical, ethical and legal risks associated with the use of children\(^6\)\(^7\) and untrained hospital staff as interpreters.\(^8\)\(^9\) In fact, most of the service providers in the survey were well aware of the risks of incomplete understanding, lack of compliance and limited patient information. Largely regarding current practice as unsatisfactory, the 500 health care professionals in Vienna hospitals voiced a clear preference for a hospital interpreting service as the best option for overcoming barriers to communication with patients of different language backgrounds.

REFERENCES