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Language difficulties in an Outpatient Clinic in Switzerland

Summary

This small-scale study attempts to examine the languages spoken in medical consultations during a one-month period in an outpatient clinic in Geneva and the ways health professionals use to communicate with their allophone patients, in particular by using interpreters. Patients of foreign origin accounted for 58% of all the consultations during the survey. Of these, 37% were Non-French-speakers (NFS). The four major language groups of NFS were Albanian, Somali, Tamil and Serbo-croat. Qualified interpreters were used in 24% of the consultations, relatives acting as interpreters in 17%, and in the other consultations without anyone interpreting (59%), a common language had to be negotiated: French, English, Italian, Spanish or German. In only 14% of the consultations without interpreters, both patient's and doctors ability to speak a common language was rated as good. Our data suggest that there has been an increasing awareness of the possible language barriers in the medical outpatient clinic. Even if proxy solutions (informal interpreters or the use of a common language) still play an important role, access to an interpreter service has been widely used. This calls for systematic and regular interpreter use, planning the interpreting needs in a timely manner. In the future, training in working with interpreters should become an integral part to the introductory sessions for the junior physicians assigned to the outpatient clinic.

Many patients attending health services have language difficulties. In fact, nine percent of residents in Switzerland do not speak a Swiss language, German, French or Italian¹. The different languages spoken by them – Spanish, South Slavic, Portuguese, Turkish and Albanian being the most frequent – reflect better than anything else the

shift towards globalization. Geneva, for instance, with its multicultural and multilingual society is the Swiss city with the highest number of foreigners and migrants (43.5%)².

The primary health services which are supposed to care for the whole population regardless of their background, face increasing chal-

lenges to provide accessible care not only for Swiss people, but also foreigners, including foreign-language speaking (*allophone*) foreigners. It has been found that migrant patients, especially those with language difficulties tend to visit first line curative services more often than nationals^{3,4}. This causes an even higher proportion of foreign patients, in comparison with the proportion of foreign residents. Already in 1992, foreign patients from 131 nationalities attended the medical outpatient clinic; they made up 56% of total of 14'600 consultations⁵. The many languages have become a barrier to the communication between patient and provider. In 1993, the Geneva Red Cross, in close partnership with the Department of Community Medicine of the Geneva University Hospitals, has set up an interpreter service providing qualified interpreters in 43 languages for medical and social services dealing with allophone patients.

This small-scale study attempts to examine the languages spoken in medical consultations during a given period in an urban polyclinic and the ways health professionals use to communicate with their allophone patients, in particular by using interpreters.

Method

A cross-sectional survey was carried out in the medical outpatient clinic at the Geneva University Hospitals. It was conducted during a 1-month-period (from February 10 to March 8 1997). Self-administered questionnaires were attached by the receptionists to each patient-file and filled out by one of the 10 junior physicians after each consultation. If the patient was a non-French speaker (NFS), the physician was requested to report the patient's nationality, mother tongue, refugee status, presence of an interpreter (informal or qualified) or else use of a common language, and the language abilities of both patient and physicians (according to the physician). If the patient was fluent in French, the questionnaire had not to be completed and was not included in the data collection. Data analysis was performed using Epi-Info 6.02.

Findings

The total number of consultations at the outpatient clinic during the survey period was 1091; of these 628 were consultations with patients of foreign origin (58%). The response rate was 72% (455 questionnaires filled out). Of these, 286 were consultations with French-speaking patients (63%), and 169 with NFS with poor ability to speak French (37%). Thus, 15% of all patients attending the outpatient clinic (169/1091) had difficulties in communicating in French. Table 1 shows the characteristics of the NFS consultations, categorized by the most frequent language groups. We regrouped them into four major language groups (Albanian, Somali, Tamil, South Slavic), a NFS patient group speaking other European languages including and, finally, patients speaking other Non-European languages. For 88% of the NFS patients, it was not the first time they attended the

outpatient clinic, 75% of them were asylum seekers, and 60% of them were men.

In 17% of the NFS consultations (28/169), a relative or friend helped as an interpreter. Qualified interpreters were present in 24% of the consultations (41/169). In the other consultations without anyone interpreting, a common language had to be negotiated (100/169). The common languages found were, in decreasing order, French, English, Italian, Spanish and German. The physicians spoke no other languages. In 20 consultations a common language *and* an interpreter (qualified or relatives) was reported, apparently using a double strategy: talking to the patient directly (in a common language) *and* indirectly (via an interpreter).

Table 2 displays the language abilities of physicians and patients. When using only a common language (without anyone interpreting), the physicians had to

Mother tongue	Albanian (n = 25) 15%	Somali (n = 22) 13%	Tamil (n = 16) 9%	S Slavic** (n = 16) 9%	OEL*** (n = 28) 17%	ONEL**** (n = 62) 37%	Total (n = 169)
Female patients	52% (13)	55% (12)	31% (5)	38% (6)	39% (11)	36% (22)	41% (70)
Male patients	48% (12)	45% (10)	69% (11)	62% (10)	61% (17)	64% (40)	59% (99)
Asylum seekers	88% (22)	95% (21)	100% (16)	88% (14)	14% (4)	68% (42)	69% (117)
First-time outpatient clinic attenders	16% (4)	18% (4)	13% (2)	0	18% (4)	8% (5)	11% (19)
Communication through a common language	24% (6)	73% (16)	31% (5)	31% (5)	81% (23)	73% (45)	59% (100)
Communication through a relative or friend	16% (4)	23% (5)	19% (3)	6% (1)	19% (5)	16% (10)	17% (28)
Communication through a qualified interpreter	60% (15)	4% (1)	50% (8)	63% (10)	0	11% (7)	24% (41)

* NFS: Non-French speaking.
 ** S Slavic: South Slavic includes in this study Bosnian, Croatian and Serb.
 *** OEL: Other European languages (including Portuguese, Italian, Spanish, German, Dutch, Norwegian, Russian, Polish)
 **** ONEL: Other Non-European Languages.

Table 1. Features of consultations and types of communication, according to NFS* patients' origins (outpatient clinic Geneva, 1997).

Common language	French (n = 46) 47 %	English (n = 43) 44 %	Italian (n = 5) 5 %	Spanish (n = 2) 2 %	German (n = 1) 1 %	Total (n = 97)
<i>Patients' language ability</i>						
Poor (some words)	20 % (9)	2 % (1)	20 % (1)	50 % (1)	0	12 % (12)
Fair (simple sentences)	80 % (37)	54 % (23)	60 % (3)	0	100 % (1)	66 % (64)
Good (fluent)	0	44 % (19)	20 % (1)	50 % (1)	0	22 % (21)
<i>Physicians' language ability</i>						
Poor (some words)	0	0	0	0	0	0
Fair (simple sentences)	0	42 % (18)	20 % (1)	0	0	20 % (19)
Good (fluent)	100 % (46)	58 % (25)	80 % (4)	100 % (2)	100 % (1)	80 % (78)
<i>Patients' and physicians' language ability rated as good</i>	0	30 % (13)	20 % (1)	0	0	14 % (14)
<i>Patients' and physicians' language ability rated as not good (poor or fair)</i>	100 % (46)	70 % (30)	80 % (4)	100 % (2)	100 % (1)	86 % (83)

Table 2. Language ability and concordance in consultations with a common language (outpatient clinic Geneva, 1997).

rate their own and the patient's language abilities. In a fifth of the consultations, the physicians were not fluent when using a common language. The patients' language abilities were estimated good in 22% of the consultations, in 66% as fair and 12% as poor. In only 14% of the consultations without interpreters, both patient's and physician's ability to speak a common language was estimated as good. Asked about the presence of an interpreter, the physicians answered, it would have been helpful (39%) or necessary (4%), whereas 57% of them thought it useless. Of the 133 consultations where a follow-up appointment was arranged, an interpreter was planned in 52%.

Comment

Research evidence in other countries suggests that linguistic minority groups do not have equal access to health services^{6,7}; that linguistic barriers can lead not only to pa-

tient dissatisfaction⁸, but also to health provider dissatisfaction with communication⁹. Studies of health care use by refugees in emergency¹⁰ and outpatient services¹¹ as well as our survey show that in most cases health professionals do not have plurilingual proficiency; they have communication difficulties and need linguistic support to communicate with their allophone patients. Finally, not having interpreters can affect patients' knowledge of diagnosis and treatment¹².

The International Organisation for Migration (IOM), reviewing health policies and accessibility to health care for migrants in industrialized countries, found that four out of five of the countries examined had no interpreter services routinely available¹³. In Switzerland, well-established interpreter services only exist at present in major cities. Our survey makes it clear that qualified interpreters are present in a quarter of all consultations for NFS patients and are the essential in bridging the gap between two lan-

guages. However, our findings emphasize also that in nearly every fifth consultation relatives and friends are the only language mediators. Moreover, in consultations without any kind of interpreter (neither informal nor qualified), the language ability of either the patient or the provider was not satisfactory.

The data of this small-scale survey suggest that there has been an increasing awareness of the possible language barriers in the medical outpatient clinic where the proportion of NFS patients represents 37% of the foreign patients. Even if proxy solutions (informal interpreters or the use of a common language) still play an important role, access to an interpreter service has been widely used. This calls for systematic and regular interpreter use, planning the interpreting needs in a timely manner, as it is being done, for example, in a private practitioner office¹⁴ or in a psychiatric outpatient university clinic¹⁵. In the future, training in working with interpreters should

become an integral part to the introductory sessions for the junior physicians who are assigned each year for 12-month-period. Presently, a manual on interpreting designed for both interpreters and health personnel¹⁶ is being introduced concurrently among the

interpreter service and the community medicine department of the University Hospitals, in parallel with a quality of care project which attempts to evaluate the improvement of communication with allophone patients by using an interpreter.

The availability of interpreters as well as the expected physician's know-how in addressing the language barriers will no doubt greatly enhance the accessibility of an outpatient clinic whose mission is to serve all the different urban societies.

Zusammenfassung

Sprach- und Kommunikationsprobleme in einer Schweizer Poliklinik

Die vorliegende Studie untersucht, welche Sprachen in den Sprechstunden einer Poliklinik in Genf vorkommen, und wie die Ärzte mit ihren fremdsprachigen Patienten kommunizieren. 58% der Sprechstunden, die während eines Monats untersucht wurden, betrafen ausländische Patienten. Von diesen sprachen 37% sprachen nicht französisch. Die vier grössten Sprachgruppen waren Albanisch, Somali, Tamilisch und Serbokroatisch. Qualifizierte Übersetzer wurden in 24% der Sprechstunden beigezogen, Angehörige und Freunde sprangen in 17% der Sprechstunden als Übersetzer ein, und in den restlichen Sprechstunden (59%) musste eine gemeinsame Sprache gefunden werden; das waren (in dieser Reihenfolge) Französisch, Englisch, Italienisch, Spanisch und Deutsch. In nur 14% dieser Sprechstunden wurden die Sprachkenntnisse sowohl des Patienten wie des Arztes als gut beurteilt. Die Resultate dieser Untersuchung zeigen, dass die Sprachbarrieren in der Poliklinik zu einem anerkannten Problem geworden sind. Zwar spielen Ersatzlösungen (informelle Übersetzer oder eine gemeinsame Fremdsprache) nach wie vor eine wichtige Rolle, doch wurde der Zugang zum Übersetzerdienst reichlich genutzt. Für die Zukunft bedeutet dies, dass der Übersetzungsbedarf zeitgerecht und routinemässig zu planen sein wird, sowie dass die Zusammenarbeit mit Übersetzern ein fester Bestandteil der Einführungskurses der Assistenzärzte an der Poliklinik werden sollte.

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Résumé**Problèmes de communication: la situation d'une policlinique en Suisse**

L'objectif de cette enquête était double: recenser les langues parlées par les patients étrangers consultant à la Policlinique de médecine à Genève, et évaluer les modes de communication utilisés par les médecins face aux patients de langue étrangère. Parmi les consultations échantillonnées, 58% concernaient des patients étrangers. 37% d'entre eux ne pouvaient pas s'exprimer en français. Les langues les plus fréquemment parlées par les patients étrangers non francophones étaient, par ordre de fréquence: l'albanais, le somalien, le tamoul et le serbo-croate. Dans 24% des consultations avec patients non francophones, le médecin a eu recours au service d'un interprète qualifié, tandis que dans 17% des cas, c'est un membre de la famille ou un proche du patient qui a dû servir d'interprète. Dans 59% des consultations restantes, le médecin a dû recourir à une autre langue, plus ou moins maîtrisée en commun avec le patient: essentiellement le français, l'anglais, l'italien, l'allemand et l'espagnol. Dans 14% de ces consultations sans interprètes seulement, les médecins ont jugé satisfaisante la compréhension mutuelle avec le patient. Ces résultats mettent en évidence que la barrière de langue devient une problématique croissante dans nos systèmes de soins. Si l'utilisation d'interprètes informels reste une solution de dépannage couramment utilisée, le recours systématique et planifié aux services d'interprètes qualifiés commence à se développer. Cette solution devrait être largement généralisée, de même que la formation des jeunes médecins aux techniques d'entretien avec interprètes.

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