A Review of Language Barriers in Emergency Departments

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Introduction

The current health system provides care to an increasingly diverse society, which is why it is continuously reviewed and improved to serve all kinds of patients. This literature review assessed existing language barriers to medical care within emergency departments. The review highlighted existing disparities with regards to language proficiency and provided effective solutions as seen through the literature that are applicable to the Emergency Department (ED), as well as a wider range of healthcare facilities.

Results

When compared to Language Proficient patients, Limited Language Proficient patients experience:
- Longer hospitalizations
- Higher readmission rates
- Impoverished understanding between patients and staff members
- Lower utilization rates of ambulance services
- Greater risk of misdiagnosis
- Lower compliance with treatment.

The most effective solution to these disparities across multiple hospital systems is the utilization of professional medical interpreters, which yields:
- the lowest percentage of errors [1]
- Improved communication and patient satisfaction, and overall cost savings [2].

Methods

This review analyzed existing literature found through PubMed and Google Scholar looking at both qualitative and quantitative data that focused on how English proficiency affects health care quality. Factors considered were:
- Age
- Ethnic background
- Race
- Primary Language
- Socioeconomic status

The data came from:
- Surveys
- Case studies
- Interviews
- Cohort studies

The research was used to support and identify the indicators that contribute to the severity of the disparities in groups who lack English Proficiency and to locate effective solutions to the disparities found.

Outcome According to Type of Patient

<table>
<thead>
<tr>
<th>Topic</th>
<th>Limited Language Proficient (LLP)</th>
<th>Language Proficient (LP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to and Quality of Care</td>
<td>Report more problems in the access and coordination dimension of the FES survey</td>
<td>Higher rates of having health insurance [3]</td>
</tr>
<tr>
<td>Pre-admission Care</td>
<td>Transport time from location of patient to the ED of 13.3 ± 6.7 minutes.</td>
<td>Transport time from location of patient to the ED of 13.3 ± 5.9 minutes [4]</td>
</tr>
<tr>
<td>Presence and Effect of Linguistic Barriers</td>
<td>Language Proficiency was misclassified for 27% of patients. Lower use of asthma action plan.</td>
<td>Language Proficiency was misclassified for 0.93% of patients [5]</td>
</tr>
<tr>
<td>Length of Stay</td>
<td>Mixed results [6]</td>
<td></td>
</tr>
<tr>
<td>Patient Satisfaction and Trust Ratings</td>
<td>Overall satisfaction with the service was 90.5%.</td>
<td>Overall satisfaction with the service was 91.1% [7]</td>
</tr>
<tr>
<td>Revisits After Discharge</td>
<td>4.1% had an unplanned revisit within 72 hours after discharge.</td>
<td>4.1% had an unplanned revisit within 72 hours after discharge [8]</td>
</tr>
<tr>
<td>Medical Education</td>
<td>5 parents were able to name the risk, 4 the benefit, and 1 the alternative.</td>
<td>22 parents were able to name the risk, 18 the benefit, and 13 the alternative [9]</td>
</tr>
</tbody>
</table>

Conclusion

After reviewing fifty-four articles, the presence of disparities in the Emergency Department for patients with Language Barriers is clear. Articles published over the span of ten years (2010-2020) have provided considerable evidence for disparities, even though there is extensive research about them, this minority group is still being affected by language barriers. Despite new policies that enforce required use of professional interpreters for every LLP patient, this resource is still being underutilized. Thus, future research should focus mainly on creating and evaluating the effectiveness of solutions to this issue now that the presence and effect of language barriers in the ED have been established.

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References