

Unsettling language barriers in health care

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Language choice and language use in healthcare settings are critical to medical outcome. With polyglossia and global mobility, healthcare professionals and patients often do not share the same linguistic code(s) and/or sociocultural backgrounds. Such diversity often presents language barriers to the provision of health care (Jacobs & Diamond, 2017). Minority groups may be marginalized and quality of health care can be compromised. Language barriers, not limited to multilingualism but also medical discourse (i.e. medical genre), could result in misunderstanding or lack of understanding on medical conditions, treatment options and procedures, disease management, erroneous diagnosis, uninformed consent, etc. Confronting with little shared language, level of interaction and information may reduce, which does not only affect medical outcome but also health literacy, doctor/nurse-patient relationship, patient autonomy and satisfaction.

To bridge communication gaps, participants in these medical encounters may deploy a language broker (e.g. professional or lay interpreters), accommodate each other through a lingua franca or code-switching (which may involve using a less proficient second language), or resort to other discourse strategies or resources. Aspects of these mediated solutions could be questionable and favourable (e.g. Bridges et al., 2015). Their implications may also range from perception of language use, social identities and power, diglossia, medical education, to healthcare policy and language policy.

The panel welcomes studies of healthcare communication on various language barriers, using Conversation Analysis or other empirical methods.

Bridges, S., Drew, P., Zayts, O., McGrath, C., Yiu, C. K. Y., Wong, H. M., & Au, T. K. F. (2015). Interpreter-mediated dentistry. *Social Science & Medicine*, 132, 197–207.

Jacobs, E. A., & Diamond, L. C. (2017). *Providing Health Care in the Context of Language Barriers: International Perspectives*. Bristol, UK; Blue Ridge Summit, PA: Multilingual Matters.

Keywords: healthcare communication, language barriers, conversation analysis, medical discourse, multilingualism

1. Exploring the Complexities of Interpreter-Mediated Health Interactions in Hong Kong

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Dentistry in Hong Kong is highly internationalised due to the migration of healthcare professionals. Therefore, issues related to language and culture could contribute to the existing complexities of dental interactions. This paper explores the data that was collected from a dental teaching hospital in Hong Kong to uncover the complexities in detail using Conversation Analysis (CA).

The selected corpus for this paper contains a subset of 27 dental visits. In each case, participants involve a dentist, a patient and a dental surgery assistant (DSA, the nurse), English is used by the dentist as the medium of instruction and communication, the patients are mostly Cantonese L1 speakers, the DSAs are bilingual, in most of the cases when the dentist and the patient could not communicate in English directly, the DSA enacts the role of the interpreter.

During the consultation, the DSA interprets and mediates the whole interaction. However, the DSA's work here is far beyond linguistic translation, so the paper used the concept of 'epistemic brokering' (Raymond, 2014) to analyse the DSA's strategies on how she balances the asymmetrical epistemic domains of participants, creates and maintain intersubjectivity, engages all participants in the interaction and therefore enhance participants' understandings as well as their relationship.

The paper contributes to the understanding of this particular type of interpreter mediated dental interaction and brings the previous studies (e.g. Bridges et al., 2015; Raymond, 2014) further with the analysis on some more specific strategies from the DSA to explore the nurse interpreter's role and task.

References

Bridges, S., Drew, P., Zayts, O., McGrath, C., Yiu, C. K. Y., Wong, H.M., Au, T.K.F. (2015). Interpreter-mediated dentistry, *Social Science & Medicine*, 132, 197-207.

Raymond, C. W. (2014). Conveying information in the interpreter-mediated medical visit: the case of epistemic brokering. *Patient education and counseling*, 97(1), 38-46.

Keywords: *Conversation Analysis; Medical interpreting; Healthcare Communication*

2. What's the Loss? The Impact of Multiple Language Interplay in the Informed Consent Process of Clinical Consultations in Singapore

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Previous studies on the influence of multilanguage use in the informed consent process are relatively scarce. Given the ageing population and prevalence of multilingualism amongst the elderly in Singapore, a deeper understanding of this phenomenon is vital. This study scrutinises the interactional details of naturally-occurring clinical consultations through the methods of conversational analysis. Close examination of video-recordings of multilanguage consultations in specialist outpatient clinics reveals recurrent patterns, whereby various kinds of losses have come about as a result of gaps of communication among doctors, patients, family members and clinic assistants. In this report, we highlight three particular kinds of loss, namely: loss of details, loss of Lifeworld and loss of patient agency. These are closely intertwined with and reinforce other subsidiary patterns known in the literature, including multiples roles that companions and interpreters take on, patients' resistance as an indicator for repair, loss of empathy, diminishing of responsibilities, etc. This paper also recommends practices that may mitigate such losses.

Keywords: *Multilanguage medical consultations, Language barriers, Loss of Lifeworld, Loss of Agency, Loss of details*

3. Perspective on “Language Barriers” in Medical Encounter: Some Observations from Medical Consultations in Singapore

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The paper attempts to explore what happens in medical consultations when language barriers are present. This paper focuses on cases when family members are present, and the doctor and family members disregard the patient. For the purpose of discussion, we employ the provisional term of “doctor-family member medical consultation” for this kind of participant framework (Goffman, 1981). The main participants of “doctor-family member medical consultation” are the doctors and the patients’ family members. Main speakers and main listeners roles are almost exclusively shared among the two parties throughout the medical consultation. The patients participate in the medical consultation only when they are explicitly invited. The patients mainly present as overhearers who are unable to perform voluntary participation as a result of language barriers. This is problematic, since patients do know things about their body that the family member may not. Then importantly, disregard for patients during medical consultations is in conflict with the contemporary “patient centered” medicine practice, where weight is given to patients’ “needs and concerns” (Bardes, 2012, p. 782). The main business of the medical consultation is to address the patients’ concerns and symptoms, and then eventually finding solutions to those issues. The paper shows, in detail, how “doctor-family member medical consultation” participant framework takes place and highlights some of the issues that transpire as a result of such participant framework. Possible solutions are proposed on how to avoid getting “trapped” in such participant framework when language barriers are present. The data is taken from a corpus of 250 medical consultations in two clinics in one public hospital in Singapore. The method is Conversation Analysis (CA).

Bardes, C. L. (2012). Defining “Patient-Centered Medicine.” *New England Journal of Medicine*, 366(9), 782–783.

Goffman, E. (1981). Footing. In *Forms of Talk* (pp. 124–157). Philadelphia: University of Pennsylvania Press.

Keywords: healthcare communication, medical encounters, participation framework, language barriers

4 Engagement Practices in Nursing Clinical Communication in Mainland China

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Effective nurse-patient communication can be realized in a number of ways, one of which is the nursing professional's engagement with patients during their medical care. Engagement is characterized as nurses' ability to interact with a patient, seeing beyond the patient's immediate symptoms or pain. To better engage with patients, a nurse may employ different communication skills, particularly strategies that allows nurses to understand and elicit patients' concerns, which are essential to developing a good patient-centred care.

This study aims to identify the current perceptions and practices of engagement in nursing communication in mainland China. One nurse supervisor and five practitioners are interviewed and one of them is observed to explore their concept of engagement in clinical practice at hospitals. Their views and authentic interactions with non-Chinese patients are analysed with a focus on the spoken communication strategies of engagement practices, using English context as an example, since nurses in China are confronted with increasing opportunities to interact with patients in English due to globalization.

Pedagogical benefits and clinical implications will be generated to inform practitioners of English for specific purposes (ESP) and nurse educators in China about ways to teach engagement practices in nursing communication. Students can not only learn about communication skills to promote better engagement but also transfer these skills into their first language (e.g., Mandarin) when interacting with patients.

Keywords: *engagement practice, spoken communication strategy, nurse-patient communication, English for specific purposes, mainland China*

5. Understanding medical language – an exploratory study of cardiologist-patient communication in medical consultations in mainland China

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Objectives

Cardiovascular diseases (CVD) is currently the most challenging health issue in mainland China, with the number of patients estimated to be 290 million (Hu et al., 2019). Despite various government-initiated CVD programs, the overall public health services are suffering from insufficient patient adherence and compliance due to the deteriorating physician–patient relationship (Tang & Guan, 2018). This study seeks to add to ongoing efforts to improve the delivery and format of medical consultations by exploring how Chinese physicians and patients communicate during CVD consultations.

Methods

Non-participating observation together with 50 cardiologist-patient consultation were recorded, followed by semi-structured interviews with those observed participants. Using an interactional sociolinguistics approach to discourse analysis, data were analyzed in order to identify the discourse strategies which physicians use to get their message across and to obtain the goals of consultations.

Expected results

The data reveal the nature of physician-patient relationship in consultations, with a range of identified discourse strategies employed by the cardiologists. The interview analysis identified different factors that jeopardize effective communication and ways of delivering patient-centered care.

Implications for practice

Based on authentic cardiologist-patient interactions, the study demonstrates how cardiologists utilize linguistic resources and communication strategies to enhance the understanding of CVD, to explicate the benefits of treatment and to facilitate informed decision-making. The empirical data and subsequent analysis can extend our interpretation of physician-patient communication in cardiological contexts and shed light on communication training programs for patient-centered care in mainland China.

References

Hu, S., Gao, R., Liu, L., Zhu, M., Wang, W., Wang, Y., ... Chen, W. (2019). Summary of the 2018 Report on Cardiovascular Diseases in China. *Chinese Circulation Journal*, 34(3), 209–220.

Tang, Lu, & Guan, Mengfei. (2018). Rise of Health Consumerism in China and Its Effects on Physicians' Professional Identity and the Physician-Patient Relationship and Communication. *Health Communication*, 33(5), 636-642.

Keywords: *cardiologist-patient communication, interactional sociolinguistics, discourse analysis, mainland China*