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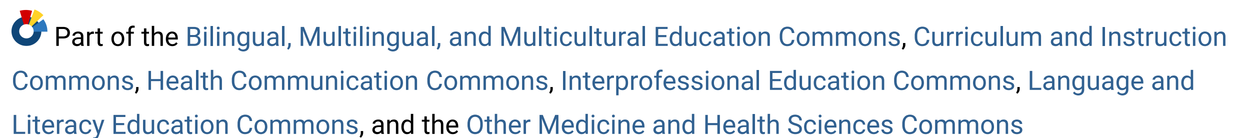
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HON 4998

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Language Concordance in Medicine and the Need for Medical Schools to Require Taking a Foreign Language as an Intervention Method to Minimize Language Barriers in the U.S.

Introduction:

Imagine. Imagine an incoming medical student about to begin their first year of medical school. It is a time to rejoice, reflect, be proud, and even wonder about the studious path that lies ahead. With the overwhelming joy of beginning this next phase in life and planning their schedule, there is often one thing that is overlooked by many medical students and schools amongst this plethora of excitement–the patient-physician relationship. Although the importance of this matter is often discussed within medical schools and during the admissions and interview process, there is not a great emphasis on how to establish this relationship and the importance it plays with patients who are not natives–linguistically and culturally. During medical school future student doctors are exposed to a multitude of patients, both natives and non-natives. However, there is no course offering (such as a foreign language or culture class) provided within the curriculum that prepares them for these future interactions. Medical school is supposed to be an institution where these values of cultural and linguistic diversity are greatly praised and emphasized, however, it is quite the opposite. In fact, according to the National Institutes of Health, only 42% of physicians in the United States speak another language other than English. That percentage is relatively low, considering the number of people that do not speak English within the diverse population in the United States. The ability to speak another

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language as a physician is highly valuable and is becoming increasingly essential in today's society, as it provides the opportunity for physicians to relate with their patients on a deeper level and gain a greater sense of trust, comfortability, and understanding. Detroit is ethnically diverse and is home to a multitude of cultures and people. Being a large metropolitan area, different language encounters are going to be more common where the availability of an interpreter or use of interpreter services is not guaranteed. Using Detroit's demographic as a reference and starting point, the significance of a language base, other than English, will be examined along with a comparison of the quality of care that a physician provides to native versus non-native speakers of differing languages. With communication being one of the primary skills used in healthcare, it is imperative to discuss the effects it can cause on a patient if not established. Unfortunately, the limited amount of healthcare providers that speak another language is causing adverse effects on patients, as there are cultural and linguistic barriers that prevent them from receiving the utmost quality of care. Moreover, these cultural and linguistic barriers provide a growing concern as to whether current medical students and future doctors will be able to minimize or contribute to these barriers. Overall, the goal of this research is to educate the medical community about the importance of providing effective communication in medicine. This begins with acknowledging the linguistic needs of the growing minority communities in medicine and integrating language courses in a medical school's curriculum. Through these methods and interventions, one can analyze the beneficial impacts for the patient and the preparation it gives for future doctors–such as improving interactions with their native and non-native patients through gained cultural knowledge, language skills, and an increased sense of trust that is established with the patient through valuing the importance of speaking their language.

What Does a Clinician Do?:

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Doctors. They are professional individuals that the general public will see, whether it be for an annual checkup or an appointment about recent health concerns. A doctor can be defined as many things but to Dr. Tumulty, a physician is someone whose main purpose is to "manage a sick person" to alleviate the impact of the illness that the individual is suffering from. A physician has many roles and functions. One of the most critical things that a clinician can do is communicating effectively with their patients. What the scalpel is to the surgeon, words are to the physician. It is one aspect of medicine where the most amount of time and effort is spent with the patient. When used well, it brings a positive attitude and encourages the patient to improve their health. If used badly, the results are ineffective, causing confusion and error between the two parties. While society and medical schools become so caught up with the academic components of medical school, they often forget to emphasize the importance of interpersonal skills, such as communication. Thus, many medical students and future physicians are lacking the ability to use such basic skills and effectively communicate with their patients. A physician should be well-rounded in many skills and must learn to speak with their patients in a linguistically and culturally effective manner. Communication is one of the most overlooked skills yet can be one of the greatest assets to a physician.

Medicine is the study of illnesses and the human body through science, but at the same time, it is the study of man. To be able to understand the scientific components of the individual, the physician must be able to understand the patient first. As a physician, they can speak with the patient and form a deeper level of connection and understanding like no other individual. The beauty lies through the influence that the physician has on a patient. Doctor Philip Tumulty believes the physicians can "guide and correct their patient, heal them, and even provide solace" (Tumulty). Talking is the simplest form of communication. It is viewed as unskillful and

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unproductive, but it is quite the opposite, as it is healing and brings comfort to patients. For that reason, language barriers should be minimized within healthcare. Communication plays a key role in a patient's life and excluding it from one of the necessities is detrimental not only to the patient but to the entire healthcare industry. The ability to emphasize the importance of communication to medical students shows patients the attempt made to enhance the quality of care provided. At the same time, it is also important to encourage medical students whose native language is different from English to utilize their language abilities while expanding the reach of their abilities as a physician to a larger and more diverse demographic of patients. The United States has a large population that has limited English proficiency. While communication is a necessity within healthcare, the acknowledgment of language barriers is just as crucial to the industry to improve upon what is being done to minimize the impacts on limited English proficient patients.

Communication in Medicine:

To begin, one of the most important skills taught to medical students is the patient-physician relationship. The patient-physician relationship is established through communication, a means that is often not given as much recognition as it deserves. Through primary care, which is often the first point of access to healthcare, many implications can compromise and even bring challenges to the patient-physician relationship. Communication is crucial in this relationship as it is directly linked to the patient's quality of care. Being the main vehicle for an exchange of information between patient and physician, communication can have an increased complexity with patients of different social and ethnic backgrounds. However both parties, patient and physician, can influence the communication style. For example, a physician's communication style changes based on the patient's educational background. Patients who do not have a high

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educational background tend to be less informed and involved in treatment decisions (Moreno). According to the National Institutes of Health, racial differences are among the factors that contribute to disparities in healthcare (Chen). At times a physician's communication style is influenced by stereotypes of ethnic minority groups which can cause cultural and linguistic misunderstandings between the two parties. Often this discordance is because the patient and physician lack proficiency in the same language. Each has an understanding of their own native language and thus, inhibits the communication process. Although, when the patient and physician can communicate in the same language, or when language concordance is present, there is a positive effect on how the patient perceives the physician's quality of communication. A group of researchers gathered evidence that supports this approach and proves that language concordance between the patient and physician results in improved health care delivery and outcomes (Ortega). The positive effect conveys that there is a mutual understanding between both individuals, verbally and culturally. Regrettably, our current society is not a utopia and the reality is that there are going to be flaws, even in the most prestigious of fields like healthcare and medicine. Not every physician has the ability and commitment to speak another language, other than English. According to a study conducted by the US Census in 2011, 15% of the US population spoke the English language "not well", and 7% percent of the population spoke English "not at all" (Bureau). Together those percentages amount to a total of 22% of the population that has limited English proficiency, and overtime these numbers only continue to rise. The United States is a diverse country with individuals from all over the world, which makes this data concerning. The number of people with limited language proficiency is increasing and nothing effective has been done to assist that affected percentage and population. More than millions of citizens cannot have the proper patient-physician relationship nor receive

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adequate healthcare due to this growing language barrier. In the United States, patients and physicians rely on one of three substandard mechanisms if a language barrier is present: 1) their language skills, 2) the skills of family or friends, or 3) ad hoc interpreters (such as bilingual strangers–employees in a physician's office or an individual who is asked to step aside from their duties and help with interpreting) (Woloshin). These mechanisms may not come as a surprise but the extent of how often they are used is not comforting as many issues can arise and contribute to a poor experience with the physician and the care treatment. To overcome the language barrier, many physicians rely on the use of interpreters to help combat the issue. Though they do not realize that bringing an interpreter, whether it is supplied by the physician or not, is not as impactful as if the physician were speaking the language themself. To begin, interpreters are not as reliable and accurate as they are deemed to be. While they are beneficial when present, they are not always readily available for the individuals that require their assistance. Often, patients with limited English proficiency attend the appointment with a family member, friend, or a stranger to help in interpreting. This is not the best scenario for the patient as there are times when that family member, friend, or stranger cannot attend due to scheduling conflicts or other commitments. In urgent situations, that individual may bring their child to interpret which can cause some misinterpretations or discrepancies between the patient and physician as a child is still growing and expanding their vocabulary. Their knowledge of medical vocabulary will be much less than that of an adult. Therefore, certain errors like addition, omission, substitution, and other forms of editing can take place because the individual may lack sufficient language skills resulting in such semantic distortions (Woloshin). Also, if the physician asked that interpreter, related or not related to the patient, to interpret serious health information, such as a life-changing diagnosis (cancer or other threatening diseases) that interpreter may not feel

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comfortable doing so and can omit that information. Doing this violates the autonomy of the patient and puts them in a position that makes them more vulnerable. In an ideal world, the physician communicates directly with the patient, and this type of situation would be avoided. However, using an interpreter adds another individual into the conversation mix. The interpreter acts as a "middle man" between the two parties and is not a reliable source to transmit the information from one party to the other. Issues like ethics and negligence are among the common factors debated in terms of solving this ongoing problem of inadequate interpreting. Interpreting, whether it be professional or informal, has its flaws. There is no perfect field in the workforce that is prepared to handle every situation. As a result, not every physician's office has interpreters readily available and knowing every possible language that one of their patients might speak. However, the issue can be minimized at the source itself, the physician. To achieve true language concordance in medicine, physicians need to display competence and even fluency in the languages their patients speak (Diamond). While there are many languages spoken, medical schools should consider offering language courses based on the topmost spoken languages in the nation such as Spanish, Chinese, and Tagalog (Filipino). Ultimately, this requires future doctors to learn a language other than English, which will help them be better prepared for the interactions that they will have with their future patients. Thus, minimizing the use of interpreters and miscommunication that can occur while ensuring a comfortable space and atmosphere for patients to receive the utmost quality of care.

Language Barriers in Medicine:

As can be expected, non-English speaking Americans have fewer visits to their physician thus receiving less preventative care. One of the reasons for these occurrences is the poorly organized medical language services and the physician's inability to communicate with the

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patient which in turn, discourages them from going and receiving the care they need. Unfortunately, these situations put the patients at a greater risk for morbidity and mortality. Verbal communication is one of the first and most important skills to use for a physician to establish an effective clinical encounter. In an attempt to understand more about the association between communication and health outcomes, a study conducted by Kaplan and Greenfield, concluded the following communication processes to be associated with an overall improvement of the patient's health outcomes. The processes include: 1) "the amount of information exchanged between the patient and physician, 2) the patient's control of the dialogue, and 3) the rapport between the patient and physician" (Hornberger). When language barriers are preventing such communication processes, it compromises the health and quality of treatment of the non-English speaking patient. Often when compared to English-speaking patients, limited English proficiency patients do not receive the proper access to health care, have a poorer understanding and adherence to the care they received, and are less satisfied with the communication taking place with the health care providers. Overall, language barriers affect the patients on all the different aspects, and despite the differing levels, the ending outcome is at a higher risk of being negative. To minimize language barriers in healthcare there have been many proposed solutions such as providing language training to medical students, residents, and physicians, and the use of professional interpreters and interpreting services such as the use of a technological remote interpreter. When physicians were trained in a foreign language, there were significant results that showed a higher rating of the limited English proficiency (LEP) patient's interpersonal processes of care and a decreased use of an interpreter. While interpreters and interpreting services are always available for the provider's use, it is best that the physician can directly communicate with their patient rather than having another individual in the middle of the

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conversation, thus disrupting the verbal trust and communication process that occurs between the patient and physician. Little research has been done on these interventions and which one is the most successful in minimizing language barriers in healthcare. There are a lot of factors to consider, such as cost, time, policies, longevity, among several others when determining which of the interventions is going to be most impactful. This said hospital and medical school administrators should make patients, natives, and non-natives, a priority when deciding on intervention methods regarding language barriers in healthcare.

What Effects Communication in Medicine?:

The patient-physician relationship is established through communication. However, research has shown that social differences such as ethnicity, education level, and language of the patient's background are all influencing factors in the communication that occurs between the patient and physician (Aelbrecht). However, in Aelbrecht's study, ethnicity was investigated and found no effect in disrupting the communication between the two. Rather, a physician's communication style varies with each patient. In this study, the patient's educational background influenced their communication with a physician. Doctors need to be mindful of not reinforcing stereotypes regarding their non-native patients. Patients who are less educated tend to be less informed on their visits with the physician and are approached more dominantly. If a patient does not feel trusted or welcome, they may not return, which further alienates patients and affects their relationships with the doctor. Overall, language is one of the main contributors to the misunderstanding that takes place between the patient and physician.

Mistrust and the Importance of Communication in Medicine:

The United States has a diversified population and to reduce the disparities that exist in healthcare, it is crucial to understand the relationship between language and health care quality.

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The Latino population is one of the largest and fastest-growing ethnic/racial groups and the U.S. Census predicts that by the year 2050, one-third of the US population will be Latino (González). Each day as the Latino population grows, they will continue to influence market trends in the United States including health care. The Institute of Medicine and the Agency for Health Care Research and Quality states that removing language barriers is essential in reducing the ethnic/racial health care disparities and has important public health implications for providing services (González). Several studies have shown that ethnic and racial minority patients seek care providers with similar ethnic/racial backgrounds. Patients often choose a doctor of the same race because they feel greater comfort and a sense of trust with that physician. The medical field is not as diverse as it should be and because of this, there is great mistrust towards physicians that are not of the same race/ethnicity. Mistrust is common among minority communities and has only grown over time. The most notable case is the Tuskegee Syphilis Study–a study to find a treatment for syphilis in African American men. What began as a research study to treat syphilis turned into an unethical and an abuse of power experiment that violated the participant as individuals and their human rights. The impact of this case changed the medical field forever. One of the consequences this caused was a mistrust of white physicians amongst the African American community. However, this mistrust is not only with the African American community but with several racial and ethnic minority groups. In the patient-physician relationship, the ability to build trust is essential, and often the best way to initialize that is when patients have a physician who is of the same racial/ethnic background or who can speak their language. There is evidence that suggests that language concordance between a patient and physician can improve the time spent together, medication adherence, shared decision-making, and patient perception of treatment decisions (Huerto). It is difficult to change the medical school curriculum to better suit

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the needs of minority patients, however, another way to improve the quality of care is to better understand the effect of other forms of patient-provider social concordance, such as shared immigrant status, religion, and socioeconomic background (Huerto). Discordant patient-provider interactions can be improved through more culturally and structurally competent doctors. There need to be innovative approaches that can address the linguistic and cultural needs of minority communities (Flower).

The Need for More Research on Language Barriers:

Physician Philip Tumulty, MD, once said, “We clinicians are better educated and more scientific than ever before, but we have a great failing: we sometimes do not communicate effectively with our patients or with their families.” This quote can be applied to present-day society because many medical professionals continue to have unresolved communication barriers with minority patients. Language, or the mere idea of communication, is the basis for everyday life–school, work, volunteering, extracurricular activities, etc. Often this simple skill is taken for granted. Many people do not have access to English classes. Each individual has their circumstances to consider. The lifestyle that is engrained in the American culture prevents many non-natives from learning English and thus, face language barriers when attempting to seek medical care. There has been an extensive amount of research done on language barriers and what is known about them. However, three areas still need to be researched and further discussed within the medical community–1) “how language barriers affect health and health care, 2) efficacy of linguistic access service interventions and 3) the costs of language barriers and efforts to overcome them” (Jacobs). Most research shows that patients whose main language is not English usually have a poorer understanding of the care they are receiving, are less satisfied with the quality of healthcare, and, in terms of emergency care, have longer hospital stays. This

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evidence strongly suggests that language barriers negatively affect limited English proficiency patients in their access to healthcare, comprehension, quality of care, and patient satisfaction. Despite these conclusions from prior studies, there is a need for further research that can better explain how language barriers contribute to the differences between LEP patients and English-speaking patients. Regardless, there are effective interventions that can reduce language barriers in healthcare settings. The two most common include matching LEP patients with providers who speak their primary language and finding an interpreter who speaks English and the patient's native language. According to Jacobs, three studies examined the effects of teaching medical Spanish to resident physicians. The proposed plan of action to reduce language barriers is much different than one would expect. Rather than organizing a long-term course option that would take place during all four years of medical school, researchers described the conducted experiment as a short-term educational intervention, around twenty to forty-five hours for fourteen to fifteen weeks, and it was only provided to emergency medicine residents. Results from this experiment vary. In all the case studies there was an increase in participant comprehension and fluency. Patients were highly satisfied that the interpersonal processes of care were highly rated. However, another study found that these emergency medicine residents made major and minor errors in their conversations that could have impacted the treatment of their patient's health. Errors were as major as a misunderstanding of symptoms to as minor as incorrect grammar. These types of issues can be resolved. If medical schools enforced a curriculum that required all medical students to learn a foreign language over their four years rather than a fixed time of fifteen weeks, there would be a substantial difference in the errors made by residents. Also, this is where research lacks, in examining the emotional and psychological benefits of how a physician speaking the primary language of the patient affects

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the patient. What is comforting about having a physician that speaks the same language as the patient? What makes it more enticing for the patient to continue seeking treatment from that physician? Most of the research that is known about language concordance provides the same conclusion in most studies–a patient that sees a physician who speaks their language receives better care and is more likely to adhere to treatment commitments. There needs to be more research on how interventions such as training medical residents in a foreign language, can improve linguistic access and quality of healthcare delivered to non-native patients.

Benefits of Teaching a Foreign Language to Medical Students:

To combat the issue of language barriers in medicine, an ideal solution would be to teach medical students another foreign language to minimize such issues. However, the problem in doing so is getting students to commit to such a course or courses and the capability of students to learn another language. Regardless, even knowing a minimal amount of words can help incoming physicians conduct a conversation with their patients. A study was conducted in 1986 where Spanish was taught to emergency medicine residents. Typically the classes were held on Saturday evenings and there were materials given to students along with an instructor who taught the course. The sample size was small with only 14 physicians that participated in the curriculum–three already being bilingual. Although, the non-bilingual residents provided helpful feedback regarding the curriculum stating the successful aspects–the quality of instructor, written materials, proper skills (vocabulary, syntax) were emphasized, and the numerous amount of practice offered for students to improve their speaking skills (Binder). Overall, the curriculum proved successful and represented the minimum time necessary to teach and gain sufficient language abilities. The curriculum was repeated with the next class of emergency resident physicians the following year with hopes of expanding the curriculum to other medical personnel

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such as the nursing and technical staff. However, the following modifications were made to the curriculum: 1) mandatory attendance for all emergency medicine residents, regardless of Spanish language knowledge, 2) weekday meeting times during usual conference hours, and 3) videotaping of sessions, allowing for self-directed study and makeup of missed lessons (Binder). The following page outlines the curriculum provided to the emergency medicine residents. Its content layout is very similar to a Spanish class that is offered to university students, but the content goes further than what is taught in the university classrooms and provides for a much faster pace of learning with a greater risk of the physician not retaining the information sufficiently allowing for mistakes and errors to occur. Below is a figure of the tentative syllabus for the course offered to the residents. It outlines the topics that were discussed each week.

Medical Spanish Curriculum 441

Figure 1. Outline of Medical Spanish Curriculum.

Week 1.	Introduction, orientation to Spanish language Pronunciation and accents Definite and indefinite articles Nouns & genders, plurals, common suffixes Introductions, greetings, statement of identity
Week 2.	Personal pronouns Verbs: ar/er/ir endings Present tense conjugations of regular verbs Ser & estar Persons (Survival Spanish, Chapter I)
Week 3.	Vocabulary building—persons, locations, food, colors Numbers (1–20, 20–100, 200–1000) Adjectives, prepositions, & possessives Days of the week Right/left Possessive articles Parts of the body Useful phrases
Week 4.	Question words Clothing, jewelry, glasses Months of the year Units of time Telling time Useful phrases
Week 5.	Symptoms Medically oriented adjectives Family members and relatives Emergency department terms Idioms
Week 6.	Reflexive verbs Direct and indirect objects Prepositions (above, below, etc.)
Week 7.	Common irregular verbs Uncommon irregular verbs Command forms Gustar
Week 8.	Past tense conjugation Future tense conjugation
Week 9.	Ordinal numbers Idioms Subjunctive tense (introduction)
Week 10.	Subjunctive tense (continued) Useful phrases Review
Weeks 11–15.	Role plays of common ED patient interviews Review of medical phrases and questions Review of chapters for dialogue and vocabulary (as appropriate)

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In comparison with a typical university Spanish course, the course layout used in the study is not ideal as it can lead to an overload of concepts and terminology within the language that the students can end up forgetting and not retain well, considering the already rigorous schedule of medical school. It is important to emphasize the consequences that can occur when students have to cram the information required in addition to studying for their regular academic medical school courses. As one can see, the concepts in the outline are not simple and go even to the most complex of topics that even mastered students still have difficulty comprehending. This raises concerns about how efficient the physicians and residents will be on the use of those grammar skills. What is typically taught over two to three years, when compared with an introductory university Spanish curriculum, is forced within a fifteen-week course. This puts the physicians in a tougher position. Hence, why a four-year-long (8 semesters) course is much more impactful than a mere fifteen weeks. It allows the students to grow their knowledge of the language and expand upon themselves. Another study was conducted with the same realms as the previous study by Jacob. Except for the language, the course was offered to pediatricians rather than emergency medicine residents. The results were very similar. Families who agreed to participate in the study filled out a questionnaire. Two questionnaires were given at two distinct times. The patients who visited the physician before the ten-week language course were given a preintervention questionnaire and the patients who visited the physician after the ten-week language course, around four months after, were given a postintervention questionnaire to complete. The questionnaires allowed the four areas, level of concern, comfort, respect, and attentiveness (listening), to be examined (Mazor). Below is a graph comparing the responses of the families in the preintervention (physician care before foreign language course) to the postintervention (physician care after foreign language course) questionnaires.

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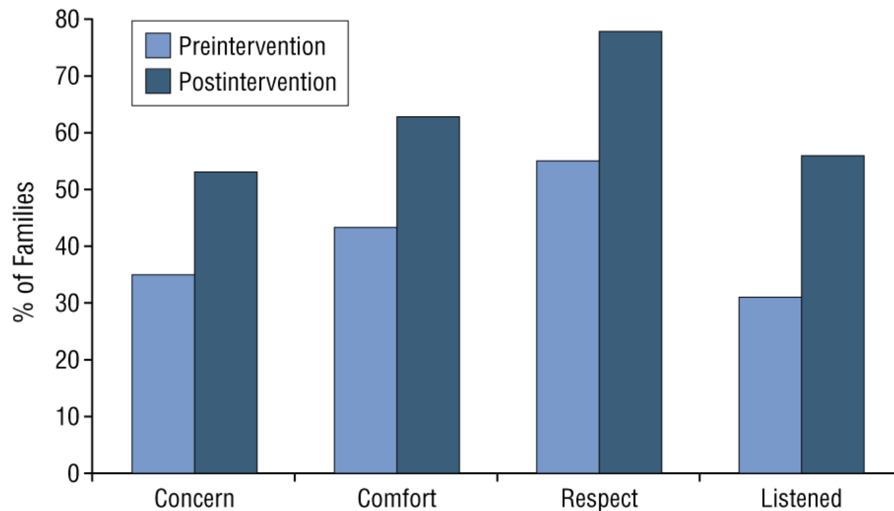

When comparing the preintervention and postintervention responses, physicians were rated higher in the postintervention questionnaires. Patients strongly agreed with the following statements in the postintervention period–"the physician was concerned about my child", "the physician made me feel comfortable", and "the physician listened to what I said" (Mazor). Overall, the ten-week Spanish course for pediatric physicians proved to be impactful as it increased family satisfaction and a decreased use of interpreters. Physician fluency in non-English languages contributes to the linguistic diversity among physicians. Physician language fluency is associated with improved patient-centered outcomes and patients may prefer to receive care in their primary language. The physician workforce and medical education policies should ensure that there is linguistic diversity among practicing physicians and physician trainees (Moreno). Doing so makes the healthcare workplace more diverse and builds a trusted community where minority patients can come and receive the quality care they deserve and are entitled to.

Importance of Bilingual/Multilingual Physicians in Medicine:

Language is one of the major contributors to health disparities within the United States. Overall, many studies have shown that when language barriers exist between the patient and

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physician there is a greater risk of medical errors and poor health outcomes (Ortega). There are two solutions to help reduce the effect of this barrier. The first being the use of interpreters and the second being an increased physician training in Spanish. Research on the incorporation of a foreign language curriculum is very limited; however, the medical schools and hospitals that have brought forth such courses have provided positive results. The education of the Spanish language has improved the quality of care without having to overburden bilingual physicians. Patients feel comfortable in seeing a physician who is of a similar background, whether it be culturally or linguistically. In the age of evolving technology, the communication that takes place between the patient and physician is slowly being replaced with a form of written communication. Most doctor's offices are using electronic medical records and are utilizing these resources to convey information to their patient about the types of treatments they will be receiving. Unfortunately, most of the instructions and summaries are given in English and over time, such notes will need to be written in Spanish to prevent language disconcordance. For that reason, future physicians and medical students should not only be trained in how to speak Spanish but be able to read and write in the language as well. It is well overdue for the healthcare system to address the language needs of Spanish-speaking patients via policy changes. To help address this issue, medical schools should consider Spanish fluency, or the fluency of another foreign language, as a criterion for admission into a medical program. With this initiative, medical schools would increase the supply of Spanish-speaking physicians and physicians who speak other languages, which can lead to better accommodations for the growing and diverse population of patients in the United States. While the sciences are an essential core to medical school programs, the growing diverse population extends the importance of learning a foreign language along with the study of hard sciences. It is important to address that physicians will

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need to establish a clear form of communication with their patients daily and therefore, knowing a foreign language will give them a skill set that they will use, which will benefit their medical career. The sciences and foreign languages should have equal value in society, as they both play an important role in the education of a physician. Language concordance and cultural competence may be similar, but they are completely separate and distinct from each other, requiring each their skillset. All clinicians must have the essential skills to deliver effective care for patients in a cross-cultural relationship, despite the method of communication they use with their patients–having a multilingual physician or the use of a professional interpreter (Fernández).

What Should Be Done?:

While medical school is a rigorous and challenging time for students to commit themselves to other activities and responsibilities, the necessity to increase foreign language skills is highly essential given the inevitable language barriers that students will face during their clinical rotations, residency programs, and day-to-day office visits as a future physician (Schmuter). The effect of having language concordant physicians who can effectively communicate with LEP patients is quite impactful towards the patient's treatment and understanding of the matters discussed at the appointment. These results support the creation of policies to increase physician language abilities such as requiring a second language proficiency as a criterion to acceptance into medical school. However, the language courses and training must be properly developed and evaluated to ensure retention of the language, despite the already rigorous course load of medical school, which if not confronted can lead to drastic communication errors (Wilson). The United States consists of a diverse demographic with the Latino population contributing sixty million citizens towards the overall population. With the

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current trend of the U.S. population, Latinos are estimated to account for thirty percent. This increase addresses concerns avoided by the medical community for far too long. The time that our society is in right now has never been more crucial. The medical field needs to address the language barrier issue with more focus and conduct the well-needed research on intervention methods that are effective in minimizing these disparities.

Conclusion:

Language has been part of society for so long that it has become nearly impossible to keep track of all the languages that exist. However, in the United States, there is one language, in particular, that is growing in popularity due to the increasing Hispanic population–Spanish. With the rising Hispanic and Latino population comes an increase in limited English proficiency citizens, thus bringing the need to address the healthcare barriers that occur for minority communities. The most notable being linguistic barriers and language disconcordance. Physicians need to be well-equipped in a foreign language to establish that relationship with their patients. Overall, when a physician can communicate with their patient in the same language, there is a greater trust established and patients are more likely to adhere to the treatment methods prescribed by the physician. Thus, it is essential to create an innovative intervention method that can comprise the needs of both future doctors and minority patients. The studies conducted provided suitable yet flawed methods that still contribute to the growing language barrier in the medical community. The most effective method is the requiring of a foreign language course to current and incoming medical students. The time frame allotted for the course in the study showed short-term positive effects such as greater patient satisfaction with the quality of care provided by the physician and the patient treatment (in terms of respect and understanding). However, this method was still flawed as the participants still made significant errors, both major

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and minor that can ultimately have adverse effects on the patient. Therefore, medical school administrators and curriculum developers must establish an effective intervention method that has a longer time frame for future physicians to practice the foreign language throughout the four years of their medical education. Doing so limits the amount of error made by future physicians and allows for a greater retention span of the content. Retaining the information over the four years is crucial as a medical student has many commitments and responsibilities to fulfill during their professional school career that it can become difficult to balance their knowledge of all the content they are learning. Therefore, it is important to create an intervention method that spans over a long period that can minimize the number of errors made by the future physician. Overall, a physician can use communication, one of the most important interpersonal skills, to form a deeper understanding and gain the trust of their patients. As the population continues to grow and diversify, foreign language is becoming a necessity for everyday life. Polylingualism represents an expanded form of communication that embraces the existence of different cultures. While learning a foreign language allows an individual to expand the groups they can communicate with, it also provides a greater way to gain and improve one's intercultural skills. Medical students who study a foreign language are more equipped to understand and accept cultural differences and may be more willing to listen to their patients who are not native speakers of English. They will have the ability to build trust among various ethnic groups who have been marginalized in the current health care system. Minority communities are comforted, proud, and appreciative of the physicians who take the time to learn and speak their language. Thus, motivating patients even further to establish a relationship with their physician and assist them in their understanding of the community both linguistically and culturally. Science leads in the physician's understanding of illnesses and treatments, but it is through communication and

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empathy that a patient forms a bond with their physician. To provide the utmost care, science and foreign language should be acknowledged equally and combined to minimize the healthcare barriers facing minority communities. Medicines may cure diseases, but doctors cure patients.

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Works Cited

Aelbrecht, Karolien, et al. "Determinants of Physician–Patient Communication: The Role of Language, Education and Ethnicity." Patient Education and Counseling, Elsevier, 14 Nov. 2018, www.sciencedirect.com/science/article/abs/pii/S0738399118309984.

Binder L; Nelson B; Smith D; Glass B; Haynes J; Wainscott M; "Development, Implementation, and Evaluation of a Medical Spanish Curriculum for an Emergency Medicine Residency Program." The Journal of Emergency Medicine, U.S. National Library of Medicine, pubmed.ncbi.nlm.nih.gov/3225460/.

Bureau, US Census. "Language Use in the United States: 2011." The United States Census Bureau, 9 Nov. 2018, www.census.gov/library/publications/2013/acs/acs-22.html.

Chen, Frederick M, et al. "Patients' Beliefs about Racism, Preferences for Physician Race, and Satisfaction with Care." Annals of Family Medicine, Copyright 2005 Annals of Family Medicine, Inc., 2005, www.ncbi.nlm.nih.gov/pmc/articles/PMC1466852/.

Diamond, Lisa C, et al. "'Does This Doctor Speak My Language?" Improving the Characterization of Physician Non-English Language Skills." Health Services Research, Blackwell Science Inc, Feb. 2012, www.ncbi.nlm.nih.gov/pmc/articles/PMC3393012/.

Fernández, Alicia, and Eliseo J Pérez-Stable. "¿Doctor, Habla Español? Increasing the Supply and Quality of Language-Concordant Physicians for Spanish-Speaking Patients." Journal

المنارة للاستشارات
www.manaraa.com

of General Internal Medicine, Springer US, Oct. 2015, www.ncbi.nlm.nih.gov/pmc/articles/PMC4579210/.

Flower, Kori B, et al. “Satisfaction With Communication in Primary Care for Spanish-Speaking and English-Speaking Parents.” Academic Pediatrics, U.S. National Library of Medicine, 2017, www.ncbi.nlm.nih.gov/pmc/articles/PMC5524514/.

González, Hector M., et al. “Health Care Quality Perceptions among Foreign-Born Latinos and the Importance of Speaking the Same Language.” American Board of Family Medicine, American Board of Family Medicine, 1 Nov. 2010, www.jabfm.org/content/23/6/745.

Hornberger JC; Gibson CD; Wood W; Dequeldre C; Corso I; Palla B; Bloch DA; “Eliminating Language Barriers for Non-English-Speaking Patients.” Medical Care, U.S. National Library of Medicine, pubmed.ncbi.nlm.nih.gov/8709665/.

Huerto, Ryan. “Minority Patients Benefit From Having Minority Doctors, But That's a Hard Match to Make.” University of Michigan, 31 Mar. 2020, labblog.uofmhealth.org/rounds/minority-patients-benefit-from-having-minority-doctors-but-thats-a-hard-match-to-make-0.

Jacobs, Elizabeth, et al. “The Need for More Research on Language Barriers in Health Care: a Proposed Research Agenda.” The Milbank Quarterly, Blackwell Publishing, Inc., 2006, www.ncbi.nlm.nih.gov/pmc/articles/PMC2690153/.

المنارة للاستشارات

www.manaraa.com

Mazor, Suzan S.MD. "Teaching Spanish to Pediatric Emergency Physicians." Archives of Pediatrics & Adolescent Medicine, JAMA Network, 1 July 2002, jamanetwork.com/journals/jamapediatrics/fullarticle/203643.

Moreno, Gerardo, et al. "Self-Reported Fluency in Non-English Languages among Physicians Practicing in California." Family Medicine, U.S. National Library of Medicine, June 2010, www.ncbi.nlm.nih.gov/pmc/articles/PMC4073200/.

Ngo-Metzger Q; Sorkin DH; Phillips RS; Greenfield S; Massagli MP; Claridge B; Kaplan SH; "Providing High-Quality Care for Limited English Proficient Patients: the Importance of Language Concordance and Interpreter Use." Journal of General Internal Medicine, U.S. National Library of Medicine, pubmed.ncbi.nlm.nih.gov/17957419/.

O'Leary, SC Burbano; Federico S; Hampers. "The Truth about Language Barriers: One Residency Program's Experience." Pediatrics, U.S. National Library of Medicine, pubmed.ncbi.nlm.nih.gov/12728111/.

Ortega, Pilar, et al. "Teaching Medical Spanish to Improve Population Health: Evidence for Incorporating Language Education and Assessment in U.S. Medical Schools." Health Equity, Mary Ann Liebert, Inc., Publishers, 1 Nov. 2019, www.ncbi.nlm.nih.gov/pubmed/31701080.

Schmuter, Gabriella. "Learning a Second Language: Diversifying Medical School From Within."

المنارة للاستشارات

www.manaraa.com

Academic Medicine: Journal of the Association of American Medical Colleges, U.S. National Library of Medicine, Feb. 2020, pubmed.ncbi.nlm.nih.gov/31990716/.

Tanne, Janice Hopkins. "Patients are more satisfied with care from doctors of same race." BMJ : British Medical Journal vol. 325,7372 (2002): 1057.

Tucker, Joseph D. MD, MA; Chen, Alice H. MD, MPH; Glass, Roger I. MD, PhD Foreign Language Assessment and Training in U.S. Medical Education Is a Must, Academic Medicine: March 2012 - Volume 87 - Issue 3 - p 257 doi: 10.1097/ACM.0b013e3182447096

Tumulty, Philip A. "What Is a Clinician and What Does He Do?: NEJM." New England Journal of Medicine, www.nejm.org/doi/full/10.1056/NEJM197007022830105.

Wilson, Elisabeth, et al. "Effects of Limited English Proficiency and Physician Language on Health Care Comprehension." Journal of General Internal Medicine, Blackwell Science Inc, Sept. 2005, www.ncbi.nlm.nih.gov/pmc/articles/PMC1490205/?tool=pmcentrez.

Woloshin, Steven MD. "Language Barriers in Medicine in the United States." JAMA, JAMA Network, 1 Mar. 1995, jamanetwork.com/journals/jama/article-abstract/387283.

المنارة للاستشارات

www.manaraa.com