A BRIEF TRIAL OF LANGUAGE INTERPRETATION SERVICES IN GABORONE, BOTSWANA: EFFECTS ON PATIENTS, NURSES, AND PHYSICIANS
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Introduction: There is minimal research on language interpretation practices in resource-limited countries. The staff of Princess Marina Hospital (PMH) in Gaborone, Botswana includes foreign physicians who communicate primarily in English and often depend on nurses to translate for patients who speak Setswana, the primary language of Botswana. This study aimed to assess the frequency of this practice and to determine how a brief trial of dedicated interpreter services would impact patient, nurse and physician communication.

Methods: Six retired nurses fluent in both English and Setswana were hired and trained as interpreters. On Day One, 34 nurses, 23 physicians, and 37 inpatients on the general medical ward (using interpreters as necessary) completed surveys assessing language backgrounds, communication experiences in the hospital, and language translating practices. On Day Two, the trained interpreters accompanied each of the six physician-led teams on the medical wards and interpreted as required. Post-intervention surveys were then administered to available nurses, physicians, and patients.

Results: Most (64%) of the physicians reported speaking Setswana not well or not at all. Half (50%) of the patients reported speaking English not well or not at all. Nurses, who all spoke both languages, reported spending 36% of their time translating, with more experienced nurses spending a higher percentage of their time translating ($p=0.011$). Before the intervention, physicians who did not speak Setswana reported using interpreters in 54% of their patient interactions, most often calling on nurses. Patients reported interpreter use in 32% of physician interactions. A large minority (44%) of patients said there were topics they would only discuss with a Setswana speaker and nurses described concepts that were difficult to translate. On the day of the intervention, physicians were much more likely to use interpreters and perceived more direct translation of their communication to patients ($p<0.001$). Nearly all patients (92%) reported better understanding and were more likely to be able to identify their physicians ($p=0.016$). There were no significant differences in nurse experience, in patients’ understanding of their underlying diagnoses, or in patient satisfaction with care.

Conclusions: Great linguistic diversity of staff and patients has the potential to compromise effective communication between physicians, nurses, and patients. Nurses are frequently removed from their primary duties to serve as ad hoc interpreters, creating a high opportunity cost in a setting that already experiences limited nursing availability. Providing trained interpreters improves physician-patient communication. Further research on this under-studied topic is needed.