

Abstract

Is there a role for ad hoc language interpreters in health care? A qualitative study using focus group analysis.

Background: With an increasing migrant population globally the need to ensure interpreting services in health care also increases. In some countries, including Denmark, access to professional interpretation has become more restricted due to changes in legislation, adding user payment after three years of stay. This has caused an increase in the use of family members and friends as ad hoc interpreters.

This study aimed to understand the use and consequences of using ad hoc interpreters in health care.

Methods: A qualitative study was conducted using focus groups. One focus group consisted of five “Neighborhood Mothers” with migrant backgrounds. They had initially needed assistance from interpreters themselves and were now assisting friends and relatives as ad hoc interpreters. The other focus group consisted of four physicians working with patients in need of interpreter assistance.

Data were collected between November 2022 and January 2023. Interviews were transcribed and analyzed by qualitative content analysis using Nvivo software.

Results: The ad hoc interpreters saw only a very limited role for them in health care, whereas some physicians considered them a great asset in providing additional information and continuity to the consultations. The ad hoc interpreters explained how acting as an interpreter often causes internal conflicts in families. Furthermore, the quality of care could be affected: Some conditions associated with tabu, such as cancer, were often not translated and a lack of knowledge of medical terms in both languages often creates misunderstandings.

Knowledge of the exceptions for paying for a professional interpreter was very limited among the ad hoc interpreters and one of the physicians.

Conclusion: Using ad hoc interpreters has a potential impact on 1)the quality of the interpretation and patient safety 2)the relationship between ad hoc interpreter and patient, and 3)knowledge available in the consultation.

Knowledge of physicians’ awareness of current legislation should be investigated further.

Furthermore, the lack of knowledge regarding the consequences of patient safety and personal cost, of using ad hoc interpreters needs to be addressed in future studies.