

Common Themes Between the Latinx Community Utilizing Professional Interpreters in a Clinical Setting

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With Language barriers in numerous cultures, information can be misinterpreted by the family if a professional interpreter is not present during hospitalization. Language barriers in the healthcare industry lead to numerous miscommunications with crucial medical information for the family and/or patient to know to prepare for the next steps out of the hospital unit. Providing high-quality care is important for the healthcare industry, and having interpreters is not only an accessible resource for patients with a language barrier, but it could also benefit their health outcomes. There is often unequal treatment when there is a language barrier during consultations with healthcare professionals, whether due to an in-person interpreter not being present or the family denying an interpreter due to having a bilingual family member present. Because of this, unequal treatment starts to come to the surface, and false information spreads. Interpreters are known for assisting in this communication and are valuable resources for healthcare professionals. Although some facilities have a “MARTII” system with an online interpreter, only one is available on each unit. This leads to the question of whether, if the MARTII system is not available, patients will experience a language barrier when receiving their information accurately. With prior research, having a certified professional interpreter allows the best positive outcome, and will ask various questions such as, “How many had poor/positive and why? When utilizing an interpreter, what did you feel functioned well? Do you feel your concerns are being interpreted accurately by your healthcare provider?” Bridging the gap between the common themes, positive or negative, of the Latinx community experiences while using a professional interpreter during hospitalization could close this bridge. This study will

examine the common experiences of the Latinx community, which has used professional interpreters in a clinical setting.

Literature review

Qualitative Research

The purpose of this research study is to examine the prior research conducted to support the implementation of this study and to explore the common experiences with using a certified professional interpreter in a clinical setting. A source from Shiner et al (2023)., suggests that using a professional interpreter is underutilized in the healthcare industry. Within this research, the author shows findings that patients who utilize an interpreter show lower readmission rates. Shiner details the various outcomes through factors such as face-to-face, telephone, telehealth, and observed the length of stay, as well as documented how often the families would utilize an interpreter. Relating to this previous research, the observational method was frequently used to trace the effectiveness and outcomes of an interpreter. In Gupta's (2023) research article, the authors state that patients with language barriers are often readmitted shortly after discharge due to having poor outcomes from a procedure. This could suggest miscommunication due to an interpreter not being present or the use of a family member. Shortly after the research was completed with the participants, a survey was released in Saudi Arabia that questioned their in-hospital stay with nurses who are non-Arabic speaking. It was revealed that the participants felt greater anxiety and were fearful that it would cause misleading information (Gupta et al., 2023). The last qualitative study was released to examine the various experiences and perceptions that Spanish speakers have been exposed to while hospitalized long term (Barwise et al., 2024). While these research articles have shown numerous interviews, surveys, and observations with diverse populations, some researchers decided to survey family physicians who specifically

provide palliative care to patients with a language or cultural barrier (Gibb et al., 2024). The results of this study quickly indicated three themes, but the most important was that providers cannot communicate accurate information without an interpreter. Lastly, with prior research, a questionnaire was released for nurses who utilize the system frequently. It was reported that there was an influx of inconsistent interpreters due to time and availability (Gonzalez-Tagliaferro et al., 2024). Overall, the qualitative research has shown that without a professional interpreter provided to support families, miscommunication can not only impact their medical outcomes but can also cause anxiety throughout their hospitalization.

Mixed Methods

With the recent prior research, the researchers often used interviews, observation, and other resources to assist in their results. However, the researcher Terantino used a mixed research method to investigate their research findings (Terantino., 2022). The researchers had certified interpreters compare and evaluate a message from Google Translate. This was used to determine how accurate this could be for families; however, in this case, it could be translated for families throughout hospitalization. The results showed that Google Translate was correct but had potential errors in some translations.

Methods

This study will examine the common experiences of the Latinx community that has used professional interpreters in a clinical setting. This qualitative study will collect interview data to measure the Latinx communities' experiences and feelings. With this study, there will be 10 participants in the age range of 25 to 50 years old. The phenomenological design of the study suggests that using professional interpreters in a clinical setting severely affects the positive

outcomes of healthcare within the Latinx community. The phenomenology design identifies the common experiences that individuals who identify as part of the Latinx community have to eliminate the common occurrence of misinformation. According to the book by Mertens (2014), the researchers define phenomenological research as “emphasizing the individual's subjective experiences.” This is commonly seen through researchers allowing an environment where the participant can describe an event from their perspective.

Sample and Recruitment

This research was followed by a semi-structured interview guide that will ultimately use a qualitative research design highlighting the various themes among Latinx families who use a professional interpreter. This approach will be suitable for identifying the relationship between the various experiences. Using a professional interpreter, each participant will have open-ended questions describing their thoughts, feelings, and experiences within the semi-structured interview. The inclusion criteria will consist of 10 participants aged 25 to 50 years old. The study will recruit Latina women from diverse ethnic origins, including those who identify as Puerto Rican, Cuban-American, or Mexican-American. Prior to the study, IRB consent forms and information about what the study will entail will be sent digitally to the participants in their primary language.

Measures and Data Collection

With this qualitative design examining the Latinx community experiences with the use of professional interpreters, interviews will be conducted by various researchers. The multidisciplinary researchers will include a psychologist, a physician researcher, and an interpreter. With each researcher having a different background, diversity and understanding are allowed between the participants with moderate bias. Having a diverse multidisciplinary team as researchers will provide an opportunity to eliminate bias and provide multiple perspectives to collect data. It is important to note that questions will be open-ended and explore aspects of hospitalization with an interpreter, including communication challenges, their access to an interpreter, and their outcomes outside of hospitalization. The participants will be recruited at the hospital where the researchers are located.

Data Analysis

The hospital's medical state board of ethics approved the research, where the interviews and participants took place. Qualitative data were collected from 10 Latinx communities that had digitally signed a consent form prior to the interviewers coming to collect the data for the study. They were informed that when the study is published, their name and all the information regarding personal connection would be anonymous. There will also be a present certified interpreter to assist in translation. The leading questions in the interview were "When using a certified interpreter, what did you feel functioned well? Do you feel satisfied using an interpreter? What do you feel could be better? Do you feel you have easy access to an interpreter? If not, why?" With these leading questions, the researchers will look for a correlation between the families and patients unable to access interpreter services.

Interview Data

In the semi-structured interview, the interviewers will ask for consent to record the interview before asking the open-ended questions. Utilizing thematic analysis can help obtain accurate information and allow the researchers to capture information the interviewee may have missed. An interpreter will be present throughout the interview to assist with any leading questions. After the interview, the recording will be transcribed to help the researchers compare and contrast the participants' experiences.

Implications

With all of the prior research conducted and this current study made available for consumers, this study can influence future policies in the healthcare field to assist Latina women in receiving the proper healthcare. Providing an abundance of resources, like a certified interpreter, could enhance positive experiences in a clinical setting. The interview questions being directed towards the Latinx experiences could benefit other hospitals by updating their policies based on the positive and negative outcomes that the participants have stated in their responses. Although this research is clinically based, policy changes could be implemented in educational settings like schools.

Limitations

The limitations of this study include the variety of participants. Only women participated in this research, which could cause bias from the interviewee or the readers following this study. Having a diverse population of not only ethnic origins, but also gender, could influence results.

Another limitation would be the age range used for this study. 25 to 50 years old could be a close selection. Expanding the range of participants could allow for a more extensive result in differentiating their experiences with interpreters.

Conclusion

In conclusion, this study will examine a Latina woman's overall positive and negative experiences using a professional interpreter. Providers of interpreters for individuals receiving care in a clinical setting should use the services of a professional interpreter to help translate medical information, issues, or other needs. According to prior research, past articles' conclusions state that information is not appropriately translated when no interpreter is present. This leads to unequal healthcare within the Latinx community. It is important to use a semi-structured interview guide to assist interviewees with the open-ended questions in gathering information. The effectiveness of this study and the analysis of the themes between the experiences of Latina women could allow for a change in the healthcare system. Overall, this study will examine the common experiences of the Latinx community, which has used professional interpreters in a clinical setting.

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