

# Cross-cultural encounters through interpreter - experiences of patients, interpreters and healthcare professionals

AKADEMISK AVHANDLING

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av

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Följande artiklar ingår i avhandlingen:

- I. **Fatahi N, Nordholm L, Mattsson B, Hellström M.** Experiences of Kurdish war-wounded refugees in communication with Swedish authorities through interpreter. *Patient Education and Counseling* 2010; 78(2):160-165.
- II. **Fatahi N, Mattsson B, Hasanpoor J, Skott C.** Interpreters' experiences of general practitioner-patient encounters. *Scandinavian Journal of Primary Health Care* 2005; 23(3):159-163.
- III. **Fatahi N, Hellström M, Skott C, Mattsson B.** General practitioners' views on consultations with interpreters: a triad situation with complex issues. *Scandinavian Journal of Primary Health Care* 2008; 26(1):40-45.
- IV. **Fatahi N, Mattsson B, Lundgren SM, Hellström M.** Nurse radiographers' experiences of communication with patients who do not speak the native language. *Journal of Advanced Nursing* 2010; 66(4):774-783.



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## ABSTRACT

### Cross-cultural encounters through interpreter - experiences of patients, interpreters and healthcare professionals

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**Background:** A mutual understanding between patients and providers has a significant impact on the outcome of healthcare consultations. If the patient and the professional do not share the same mother tongue an interpreter is usually necessary and the contact is facilitated. In order to reach satisfactory communication the competence and neutrality of the interpreter are crucial.

**Aims:** The overall aim of this project was to study difficulties and possibilities in communication between non-Swedish-speaking patients and Swedish authorities (healthcare providers and social welfare service personnel). Views of refugees (Study I), interpreters (Study II), general practitioners (GPs) (Study III) and nurse radiographers (Study IV) were especially in focus.

**Materials and methods:** Individual interviews (I) and focus group interviews (II, III, IV) were carried out with refugees, interpreters, general practitioners and nurse radiographers. A qualitative content analysis method was used in Studies I, III and IV and a phenomenographic method was used in Study II.

**Results: Study I:** Kurdish war-wounded refugees stressed the value of the interpreters' competence and the patients' confidence and trust in the interpreter. Often the interpreters were selected based on the refugees' citizenship rather than on the mother tongue, leading to a more complex, tri-lingual interpretation situation.

**Study II:** Interpreters experienced a number of difficulties, mainly related to complexity in balancing the triad relation (patient-interpreter-provider). The time aspect of the translation procedure and problems of diverse health beliefs and cultural inequalities were also stated.

**Study III:** GPs stressed the necessity of involving all the persons in the triad situation to enhance the interchange and facilitate the contact. The interpreter has a key role to balance support between the GP and the patient. Adequate length of time was stressed and consciousness as to how to organize facilities was highlighted.

**Study IV:** The need for an interpreter in the radiological examination was strongly associated with the type of examination. For interventional procedures and contrast-enhanced examinations a professional interpreter was needed. Shortage of time and lack of specific knowledge about radiological procedures and cultural aspects were other identified factors that obstructed the communication process. Interpreters' knowledge of terminology and staff training in cultural diversities were suggested in order to improve the quality of the communication.

**Conclusions:** Interpreters' competence and patient confidence in the interpreter are essential for an adequate cross-cultural health communication. Assignment of interpreters should be based on knowledge of the patient's /client's mother tongue, rather than on citizenship. The interpreters noticed a set of difficulties that need to be highlighted in order to improve cross-cultural consultations. Barriers in these encounters could originate from all the persons involved. Encounters between patient and personnel in radiological examinations are short, and therefore adequate communication is essential. Ways to reduce misunderstandings are suggested.

**Key words:** Communication, cross-cultural, mother tongue, language barrier, trilingual, refugee, general practitioner, interpreters, radiographer, encounters, radiological examination, focus group.  
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