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Healthcare Interpreting in Emergency Departments: Importance of Healthcare Interpreters in the Communicational Process of Foreign Patients and Physicians

Acil Servislerde Sağlık Çevirmenliği: Yabancı Hasta-Hekim Arasındaki İletişim Sürecinde Sağlık Çevirmenlerinin Önemi

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Abstract

This study aims to investigate the role of healthcare interpreters in overcoming language barriers in Emergency Departments from the perspective of emergency physicians in Türkiye. Although there is a limited number of studies focusing on healthcare interpreting in EDs, they do not evaluate the opinions of ED physicians. Therefore, this study will be a pioneer research analyzing the importance of healthcare interpreting from the perspective of ED physicians in Türkiye. For this purpose, a questionnaire comprising 14 questions was prepared through the survey method to collect the opinions of emergency physicians about communication problems with foreign patients. The convenience sampling method was used to determine the study group consisting of 102 emergency physicians. The data was analyzed with descriptive analysis techniques by calculating the arithmetic mean and frequencies. After the data analysis process, it was found that communication problems in EDs lead to prolonged duration of taking anamnesis, delays in diagnosis, treatment, and discharge, extensive medical examinations, and unnecessary use of medical resources.

Keywords: Healthcare interpreting, emergency departments, foreign patients, anamnesis-taking, communication problems.

Öz

Bu çalışma, acil servislerde iletişim sorunlarının çözülmesi aşamasında sağlık çevirmenlerinin rolünü Türkiye'deki acil servis hekimlerinin bakış açısıyla değerlendirmeyi amaçlamaktadır. Acil serviste sağlık çevirmenliğinin önemine odaklanan sınırlı sayıda çalışma olmakla birlikte bu çalışmaların hiçbiri çevirmenlerin Acil Servisteki rolünü ve iletişim sorunlarının önemini acil hekimlerinin görüşlerine dayanarak değerlendirmemiştir. Dolayısıyla bu çalışma, sağlık çevirmenliğinin hasta-hekim karşılaşmaları üzerindeki farklı etkilerini Türkiye'deki acil hekimlerinin bakış açısıyla değerlendiren öncü bir çalışma niteliğindedir. Bahsi geçen amaç doğrultusunda, acil servis hekimlerinin yabancı hastalarla iletişim sorunları hakkındaki görüşlerini almak amacıyla 14 sorudan oluşan bir anket hazırlanmıştır. Anketin hazırlanması aşamasında tarama deseni kullanılmıştır. Çalışma grubunun belirlenmesinde kolay örnekleme yöntemi seçilmiş ve çalışmaya 102 acil

servis hekimi dahil edilmiştir. Veriler betimsel analiz teknikleri ile aritmetik ortalama ve frekansları hesaplanarak analiz edilmiştir. Veri analizi sonucunda acil servislerde yaşanan iletişim sorunlarının; anamnez alma süresinin uzamasına, tanı, tedavi ve taburculuk süreçlerinde gecikmelere, gereksiz yere kapsamlı tıbbi tetkiklerin yapılmasına ve tıbbi kaynakların gereksiz kullanımına neden olduğu tespit edilmiştir.

Anahtar Kelimeler: Sağlık çevirmenliği, acil servis, yabancı uyruklu hastalar, anamnez alma, iletişim sorunları.

Declaration of Ethics	The Ethics Committee Approval of this study was taken from the Ethics Committee of the University of Samsun on April 21, 2022, with Decision No. 2022-10.
Contribution of the Authors	Çalışmanın Tasarlanması / *Conceiving the Study:* TETD (%50), NT (%50) Veri Toplanması / *Data Collection:* TETD (%70), NT (%30) Veri Analizi / Data Analysis: TETD (%30), NT (%70) Makalenin Yazımı /Writing up: TETD (%50), NT (%50) Makale Gönderimi ve Revizyonu / Submission and Revision: TETD (%50), NT (%50)

1. Introduction

Healthcare interpreting aims to ensure effective communication between foreign clients who do not speak the official language of a country and the officials working in medical institutions. Healthcare interpreters may become a savior for foreign patients who cannot communicate with healthcare providers. In such conditions, interpreters assume the role of cultural mediator eliminating the cultural barriers in communication, the role of translator conveying the message in its purest form, and the role of bilingual professional knowing the jargon used by the physician and colloquial language used by the patient and establishing a bridge between these two different language levels of the interlocutors (Leanza, 2005).

Due to these roles, there is an increasing need for healthcare interpreters so that all patients have easy access to medical services without encountering

any kind of communication problems. When the literature is reviewed from this perspective, it is seen that there are significant problems in employing professional healthcare interpreters aware of their roles in the process. The studies in the literature have illustrated that significant communication problems have been observed in medical settings due to a lack of healthcare interpreters, the use of ad hoc interpreters or laypeople who do not master the medical jargon or cultural connotations, and limited educational programs focusing on the specialization of interpreters (Chae - Park, 2019; Leanza, 2005; Saeki et al., 2022). Different researchers have analyzed these factors influencing the quality of medical services in the fields of nursing, medical tourism, and outpatient services. They have concluded that serious steps should be taken for the professionalization of healthcare interpreting and that healthcare interpreters should be available and accessible in medical settings (Azadi et al., 2012; Bischoff et al., 2003; Chae - Park, 2019; Leanza, 2005; Pöchhacker, 2002; Turan, 2018). These studies have underlined the significance of employing healthcare interpreters in medical settings to overcome communication problems between foreign patients and local physicians.

The importance of healthcare interpreting is more prominent in Emergency Departments (EDs) when the vital role of this unit is taken into consideration. EDs are primary care units dealing with critical cases, and time plays a crucial role in the quality of diagnosis, treatment, and admission processes. Especially anamnesis may turn into a real challenge for physicians while communicating with foreigners. Anamnesis can be defined as "patients' account of their medical conditions that lead them to present in medical units" (Oğuz-İnan, 2021, 2). Despite the diverse technological devices used in hospitals, anamnesis continues to be the most important tool used in diagnosis and treatment (Sahip et al., 2020). Anamnesis is the first step for correct diagnosis and treatment, and misinformation will hinder the whole medical process. Hence, any kind of delay arising from communication problems may result in life-threatening outcomes. There is a limited number of studies on the impacts of healthcare interpreting in EDs, and these studies have mainly focused on the data obtained from patients and healthcare interpreters (Baker, 1996; Benda et al., 2019; Chan et al., 2010; Dorian Ramirez

et al., 2008; Njeru et al., 2015). However, the literature has provided no study on the evaluation of healthcare interpreting in EDs from the perspective of ED physicians through a quantitative analysis. This gap in the literature has constituted the main motive behind this study since the present research aims to evaluate the role of healthcare interpreting in emergency departments in Türkiye from the perspective of emergency physicians. The hypothesis of the research is based on the fact that the lack of healthcare interpreters in EDs may lead to important financial, professional, and material disadvantages for all the stakeholders of the process. Within the scope of this hypothesis, the present study will elaborate on the information obtained from emergency physicians about the number of foreign patients presenting to the ED each week, the process of taking medical histories, their personal reactions to communication problems with foreigners, the presence of healthcare interpreters in EDs, and the outcomes of elongated anamnesis-taking processes resulting from a lack of healthcare interpreters available. In this way, it is aimed to raise awareness on the collaboration between healthcare providers in EDs and healthcare interpreters by presenting quantitative data about the negative outcomes encountered in EDs in the case of a lack of healthcare interpreters on site.

1.1. Healthcare interpreting

Healthcare interpreting can be defined as interpreting in medical settings to establish communication between patients who do not speak the official language of the country and healthcare providers working in the relevant institutions. Healthcare interpreting requires good command of medical jargon, an effective understanding of patients' needs, detailed information on the institutional structure of hospitals, and knowledge of the expectations of physicians or other healthcare providers. The main aim of this practice is to enable foreign patients to benefit from medical services at an optimal level without encountering any kind of serious communicational problems in the process. Healthcare interpreting urges the interpreters to balance the inequality of power between patients and physicians, to understand the messages in patients' remarks, to convey them effectively to healthcare providers, and to explain the medical statements of physicians in such a way that patients can understand them. Therefore, it encompasses a wider range of

roles for interpreters when compared to other types of interpreting (consecutive or simultaneous interpreting) and subfields of Community Interpreting (Roat - Crezee, 2015, 237). In this type of interpreting, the interpreter is not only the actor ensuring communication between physicians and patients, but also a cultural mediator knowing and acknowledging the social and professional differences between the interlocutors.

In his article, Leanza explains the different roles of healthcare interpreters by emphasizing the difficulties encountered in the process of medical interpreting (Leanza, 2005). As explained by Leanza, healthcare interpreters are supposed to assume the roles of "translator, cultural informant, culture broker or cultural mediator, advocate, and bilingual professional" (Leanza, 2005, 170). In the role of "translator", the interpreter tries to become invisible by simply translating the speeches without making any kind of intervention. The role of the "cultural informant" encourages the interpreter to provide all information needed by the physician through the use of his/her knowledge of cultural norms. In the role of "cultural mediator", the interpreter is required to clarify all ambiguous aspects of communication resulting from the cultural differences of the interlocutors. The role of "advocate" means that the interpreter may defend the rights of the patients since they are in a disadvantaged position compared to the local people, healthcare providers, or institutions. The role of a "bilingual professional" represents the basic job definition of healthcare interpreters because in this role the interpreter is the one leading the conversation between patients and physicians by using his/her knowledge of medical terminology and cultural connotations (Leanza, 2005, 170). As seen in this categorization, healthcare interpreters are required to have different skills, wide knowledge of cultural and medical norms, and the ability to change roles when necessary.

The imbalance of power is another important factor influencing the quality of healthcare interpreting. Healthcare interpreters are the agents establishing communication between a foreign patient and a local physician. These two agents share a common interest in a medical setting (to find a cure for the disease of the foreigner); however, their educational backgrounds, interests, perspectives, and social status may be quite different. Therefore, there is an "asymmetrical relationship" in healthcare interpreting (Turan,

2018, 760). In this relationship, the physician represents a significant status in society, and s/he is the one who will cure the patient, which means that s/he has authority. The patient, on the other hand, presents to the hospital to be cured by the physician, and s/he most probably has limited information about the disease. Since s/he is the one in need, the difference in status becomes more observable between these two agents. At that point, the interpreter is supposed to eliminate this imbalance in the process of communication as much as possible in order to ensure a smooth and full understanding between the interlocutors (Bischoff et al., 2003, 541).

In addition to this, the differences in the use of language may also pose an important challenge for the interpreter, which influences the quality of interpreting and healthcare services. Physicians tend to use medical jargon among themselves, and this tendency can also be observed in their interactions with patients. While physicians are trying to take the anamnesis of a foreign patient by using medical jargon, the patient tries to explain his/her symptoms by using colloquial language, adding his/her comments and irrelevant information, and referring to his/her cultural mindset and experiences (Şan - Kahraman Duru, 2020, 820). In that case, the interpreter should understand the medical terminology so that s/he can convey the message to the patient effectively. On the other side of communication, s/he should know the cultural norms and perspectives of the patient in order not to lose the key points in the process. As Pöchhacker has stated, the interpreter should obey the principles of "fidelity, clarity, and accuracy" to ensure optimal communication in a medical setting, which has an important impact on the quality of medical services (Pöchhacker, 2002, 413).

1.2. Why are healthcare interpreters needed in EDs?: Communication problems with foreign patients

Communication with foreigners in medical settings is a significant issue to be handled not only in the field of translation and interpreting but also in the field of medicine. Healthcare providers are the main agents communicating with foreign patients; therefore, their opinions, expectations, and evaluations on the availability and quality of interpreting services play a significant role in understanding the function and importance of healthcare

interpreting and creating a professional framework for interpreters. For this reason, numerous studies have been carried out by the medical staff to underline the importance of communication between foreign patients and physicians in medical settings (Bischoff, 2020; Angelelli - Ross, 2021; Álvaro Aranda - Lázaro Gutiérrez, 2022; Bruno Echauri Galván, 2020; Delizée - Michaux, 2022; Gavioli - Wadensjö, 2021; Merlini - Gatti, 2015; Clifford, 2006).

Bischoff carried out a qualitative study on "the evolution of the language assistance programs at Geneva University Hospitals, between 1992 and 2017" (Bischoff, 2020, 4). In this research, he found that interpreting services became more professional due to the increasing population of the migrants and continuous need for such services (Bischoff, 2020). Angellelli and Ross investigated the challenges experienced by healthcare interpreters while working through telephones, and they concluded that interpreting through telephones caused important losses in communication in medical settings (Angelelli - Ross, 2021). Other studies in the literature focused on the position and emotional status of healthcare interpreters, and they underlined that interpreters should have empathy to understand the patients, manage small talks between the physician and the patient effectively, realize and interpret the communication beyond the words (gestures and facial expressions), and understand the psychological status of the patient in mental therapies (Álvaro Aranda - Lázaro Gutiérrez, 2022; Bruno Echauri Galván, 2020; Delizée - Michaux, 2022; Gavioli - Wadensjö, 2021; Merlini - Gatti, 2015). In his article, Clifford discussed the dimensions of fidelity in healthcare interpreting by pointing out that interpreters are human beings who take into consideration the psychological and physiological conditions of interlocutors (Clifford, 2006).

Apart from these studies in which healthcare interpreting is evaluated through qualitative and quantitative data, there are numerous studies elaborating on language-based problems in medical settings. Saeki et al. found in their research that most foreign patients going to Japan cannot speak English and that "only a fifth of hospitals had translation devices, the minimal equipment for communication". They concluded that the Japanese medical system should be adapted to the requirements of the era and that communication problems should be solved to provide better medical services

(Saeki et al., 2022). Bischoff et al. found that more than 50% of the patients presenting in the hospitals of Switzerland were foreigners and that this population was in a disadvantaged position since they encountered problems in receiving efficient feedback, treatments, consultations, and medical outcomes due to limited communication with healthcare providers (Bischoff et al., 2003). In their article, Chae and Park elaborated on the organizational cultural competence in Korea to eliminate language-based problems of nurses taking care of foreign patients, and they remarked that interpreting activities were generally performed by volunteers or phone-based interpretation services (Chae - Park, 2019). Azadi et al. analyzed the quality of medical tourism in Iran by interviewing 39 medical tourists, and they concluded that communication problems are the most important reason that negatively influences the quality of medical services (Azadi et al., 2012).

When these studies are evaluated from the perspective of healthcare interpreting, it can be stated that interpreting services are needed in medical institutions all over the world. Although this need is observed in all units of hospitals, it becomes more vital in Emergency Departments (EDs) due to their structural environment and professional definition. EDs are one of the important medical units since they are the first medical branch where patients present in critical situations and receive their first diagnosis and treatment. These departments generally offer medical services for urgent medical conditions and complications. This critical function of EDs necessitates a smooth and unproblematic workflow as much as possible because even the smallest delay or mistake may result in life-threatening problems.

One of the most important components of the aforesaid smooth workflow is effective communication between patients and physicians. Patients present in EDs with specific symptoms and problems that can only be diagnosed and treated if physicians understand them effectively. Anamnesis is the very first step of this diagnosis and treatment processWhile taking anamnesis, physicians aim to get information about the reason for consultation, the main symptoms, and complaints of patients, comorbid diseases, medication, etc. (Oğuz-İnan, 2021). Incomplete or false information provided in this process may result in misdiagnosis and mistreatment. For this reason, the key point of

taking anamnesis is to establish effective communication between patients and physicians.

When a foreign patient presents to an ED, the general workflow of the department may be interrupted due to communication problems. The patient may be in need of urgent intervention, diagnosis, and treatment; however, all these processes can only be completed in the case where the physician takes a detailed and correct anamnesis. In case of communication problems, the whole process of diagnosis and treatment will be interrupted until an interpreter arrives in the unit. In such circumstances, relatives of the patient or laypeople knowing both languages can be called for aid; however, their assistance is limited since they may not know the medical jargon, they do not understand underlying messages of communication, and they do not detect cultural differences between the interlocutors. If the patient is in a critical condition, then the communication problem becomes a real crisis and may lead to life-threatening outcomes.

The above-mentioned important functions of EDs have illustrated the need for detailed analyses of communication problems between foreign patients and physicians in EDs. Limited studies have been carried out to investigate the impacts of language barriers on health services in EDs in the literature. Most of these studies have investigated the existing problems by carrying out quantitative and qualitative analyses to determine the efficiency of interpreting services and the satisfaction levels of the patients (Baker, 1996; Chan et al., 2010; Cox et al., 2019; Dorian Ramirez et al., 2008; Flores, 2005; Ginde et al., 2010). All these studies have illustrated that communication problems in EDs have led to dissatisfaction among foreign patients and less qualified medical services in the departments. Some studies, on the other hand, have directly elaborated on the measurable outcomes of communication problems in EDs. John-Baptiste et al. have concluded that foreign patients have longer hospital stays compared to local patients due to language barriers (John-Baptiste et al., 2004). Njeru et al. have illustrated that foreign patients "had significantly more ED visits and hospitalizations" (Njeru et al., 2015, 1). Cox and Gutierrez have specified that language problems have resulted in longer stays in EDs; therefore, they suggested the use of professional interpreters in EDs (Cox et al., 2019). Benda et al. have found that English is

the most commonly used language used for communicating with foreign patients in EDs and that the use of interpreters is the last resort that medical staff has preferred (Benda et al., 2019). Ngai et al. have remarked that patients with limited proficiency in English have higher rates of admission to hospitals and that they are "more likely to have unplanned ED revisits" (Ngai et al., 2016). Brenner et al. have compared the effectiveness of ad hoc interpreters and professional interpreters. They have concluded that professional interpreters are required to establish effective communication; however, physicians generally use ad hoc interpreters due to time restrictions (Brenner et al., 2018).

All these studies have provided important data about the role of healthcare interpreting in the amelioration of healthcare services, especially in EDs. On the other hand, the literature has provided no study on the evaluation of healthcare interpreting in EDs from the perspective of ED physicians. To highlight this perspective, the following section will elaborate on the quantitative research on the lack of communication with foreign patients in Turkish EDs from the perspective of emergency physicians. In this way, the need for healthcare interpreters in the EDs in Türkiye will be concretized through numerical, quantitative data.

1.3. Importance of healthcare interpreting in the eyes of Turkish emergency physicians

This section of the study focuses on the quantitative analysis carried out to underline the role and importance of healthcare interpreters in EDs by demonstrating the outcomes of a lack of healthcare interpreters in ED settings. Through this analysis, the researchers have aimed to demonstrate the personal, professional, and institutional problems encountered in EDs in Türkiye due to a lack of communication between foreign patients and physicians in case no interpreter is available in these departments. The questionnaire used in the data collection process includes 14 questions elaborating on numerous factors influencing the quality of diagnosis and treatment due to language barriers. These factors can be listed as the number of foreign patients presenting to EDs in a week, the duration of anamnesis taken from these patient populations, their levels of expressiveness, the

presence and availability of healthcare interpreters, emotions of physicians experiencing communication problems, and the impacts of prolonged or incomplete anamneses on the diagnostic and treatment processes and the extensive/unnecessary use of medical sources/equipment.

2. Methodology

The data collection process of this study has been carried out with survey design, one of the quantitative research methods. Survey research is conducted to determine the opinions of the target group on a certain subject (Fraenkel et al., 2012), and it aims to describe and take a picture of an existing situation (Büyüköztürk, 2017).

2.1. Data collection tools

Within the scope of the study, the researchers developed a questionnaire as the data collection tool to examine the communicational issues experienced by emergency physicians while taking anamnesis from foreign patients. The questionnaire was designed after a literature review on the topics of anamnesis and the communication process, and the opinions of 3 emergency medicine physicians were taken to evaluate the quality of the content. The questionnaire was also sent to a Turkish language expert to determine its suitability and comprehensibility in terms of the Turkish language. After this process, the Ethics Committee Approval of the questionnaire was taken from the Ethics Committee of the University of Samsun on April 21, 2022, with Decision No. 2022-10. A preliminary application was made to a group of 10 physicians to evaluate the overall comprehensibility of the questionnaire form and its suitability for the purpose of the study. Necessary corrections were made in line with all the feedback received during this process. The final version of the questionnaire consists of 14 questions. There is also a section in the questionnaire that includes the personal information of the participants to illustrate the professional profiles of the subjects. For this section, no confidential or identifying information (names, surnames, identity numbers, social security numbers, etc.) was collected from the participants. The questions here only focused on the professional experiences, sex, age, years of experience in the current hospital, cities and regions where they work, types of hospital, level of master in foreign languages, ability to communicate with

foreign patients, and interaction with foreign friends. The main motive behind collecting such information is to understand the capabilities of physicians in communicating with foreign patients in EDs.

2.2. Study group

The study group of the research has been determined through the convenience sampling method. In this method, "the researcher announces the study and participants self-select if they wish to participate" (Stratton, 2021, 1). This method encourages the participation of a specific population interested in the study and having experience in the area that is being studied. Accordingly, a questionnaire was sent to emergency physicians working in private and state hospitals in Türkiye and to their associations via Google Forms between June 1 and October 1, 2022. 102 physicians responded to the questionnaire; hence, the study group consisted of 102 emergency physicians working in different institutions. The demographic data (excluding the names of the participants) have been collected to determine their ages, level of experience, institutions and regions where they work, and their ability to speak foreign languages. Table 1 shows the demographic information about the participants:

Table 1. Demographic information of the participants

Variable	Category	N(=102)	%
Sex	Female	43	42
	Male	59	58
Age	20-25	6	6
	26-30	21	21
	31-35	29	28
	36-40	27	26
	41-45	10	10
	46-50	5	5
	51-55	4	4
Professional experience	1-5 years	28	28
	6-10 years	26	25
	11-15 years	32	31

	16-20 years	7	7
	21-25 years	7	7
	26 years and more	2	2
Working experience in the current hospital	1-5 years	80	78
	6-10 years	17	17
	11-15 years	2	2
	16-20 years	2	2
	21-25 years	1	1
The place where the physician has lived for most of his/her life	Village	7	7
	District	95	93
	Province	-	-
Workplace	District	8	8
	Province	94	92
Type of hospital	State	45	44
	Private	57	56
Region	Black Sea	15	15
	Marmara	14	13
	Central Anatolia	30	30
	Aegean	6	6
	Southeastern Anatolia	21	20
	Eastern Anatolia	3	3
	Mediterranean	13	13
Command of foreign languages	Yes	78	76
	No	24	24
Communication with foreign patients	Yes	93	91
	No	9	9
Communication with foreign friends	Yes	56	55
	No	46	45

2.3. Data collection process

Data were collected from Turkish emergency physicians via Google Forms between June 1 and October 1, 2022. The questionnaire form was directly sent to physicians and the associations they are affiliated with. Descriptive analysis techniques were used to analyze the data obtained through the questionnaire. All of the questions were analyzed by calculating the arithmetic mean and frequencies. The data were interpreted in light of these analyses.

3. Findings and Evaluations

The research findings were evaluated by classifying the answers given to each question separately. The answers are given in separate tables.

Table 2. Analysis of the answers to the first question

Thinking on a weekly basis, how many patients do you encounter in EDs who cannot speak Turkish?		
	N	%
1-5 patients	34	33
6-10 patients	25	26
11-15 patients	5	5
16-20 patients	5	5
21-25 patients	33	32

When Table 1 is analyzed, it might be stated that approximately half of the physicians examine more than 10 patients who cannot speak Turkish in the ED every week. This number can even reach over 20. In this case, it might be stated that physicians try to communicate with more than 1 foreign patient per day. It might be asserted that the increase in the number of foreigners coming to Türkiye in recent years has also affected the number of foreign patients (Göç İdaresi Başkanlığı, 2023).

Table 3. Analysis of the answers to the second question

In the process of taking anamnesis, do you deal with the patient one-on-one or do you communicate through a relative?		
	N	%
I deal with them one-to-one.	32	9

I communicate through a relative.	33	27
Both	37	64

In the process of taking anamnesis, 32 physicians communicated with patients one-to-one, 33 physicians communicated with them through a relative, and 37 physicians communicated with patients by using both methods. It is observed that only one-third of the physicians communicate one-to-one with the patient during the anamnesis-taking process. In this context, it may be said that most patients or physicians do not speak a common language when it is taken into account that they are in need of communicating through a third person. Considering the importance of a fast and accurate anamnesis, it can be stated that this number is insufficient.

Table 4. Analysis of the answers to the third question

Does a professional interpreter accompany the foreign patients in the process of taking anamnesis?		
	N	%
Yes	9	9
No	28	27
Sometimes	65	64

9 of the physicians stated that a professional interpreter accompanied the foreign patients, 28 remarked that no interpreter was available, and 65 stated that sometimes there was an interpreter on site. The number of cases accompanied by a professional interpreter is very low and this may negatively affect or prolong the anamnesis-taking process. Approximately half of the physicians stated that patients are sometimes accompanied by an interpreter. This data demonstrates that the availability of professional interpreters on-site is quite limited.

Table 5. Analysis of the answers to the fourth question

How do patients or relatives express themselves if they do not speak Turkish during the anamnesis-taking process?		
	N	%
By using the limited Turkish words they know	52	51
By pointing to the body parts where they feel pain or	41	40

ache		
By using Machine-Assisted Translation tools	9	9

Physicians stated that most of the foreign patients or their relatives expressed themselves with the limited Turkish words they knew (N=52), and by pointing to the body parts where they feel pain or ache (N=41) during the anamnesis-taking process. Very few physicians (N=9) mentioned that patients used Machine-Assisted Translation (MAT) tools in this process. The patient expressing himself/herself with limited words or showing the body parts where they feel pain is not an effective way of communication in medical settings. In this case, extra efforts are needed to understand the patient, and the anamnesis-taking process is prolonged. It is observed that very few patients prefer digital translation tools. This low number can be explained by the fact that patients are not aware of these tools, do not know how to use them, or that these tools are inadequate in medical settings.

Table 6. Analysis of the answers to the fifth question

How long does it take to take anamnesis from patients whose mother tongue is not Turkish?		
	N	%
1-5 min.	16	16
6-10 min.	48	47
11-15 min.	23	22
15 min and above	15	15

The majority of physicians (N=48) stated that the duration of taking anamnesis varied between 6-10 minutes in patients whose mother tongue was not Turkish. 23 physicians remarked that this time ranged between 11-15 minutes.

Table 7. Analysis of the answers to the sixth question

How long does it take to take anamnesis from patients whose mother tongue is Turkish?		
	N	%
1-5 min.	82	80
6-10 min.	15	15
11-15 min.	5	5

Almost all of the physicians stated that the duration of taking anamnesis from patients whose mother tongue was Turkish was between 1-5 minutes. When the findings in Table 6 and Table 7 are analyzed comparatively, it is seen that the anamnesis-taking process is much shorter for patients whose mother tongue is Turkish. In this process, it may be stated that minutes and even seconds are important in terms of correct diagnosis and effective management because the Emergency Departments are the units of immediate diagnosis, care, and treatment. The rapid functioning of the anamnesis-taking process may be possible only if the patients express themselves correctly and adequately. In this context, it can be stated that the communication problems between the physician and the patient negatively influence the diagnosis and treatment process.

Table 8. Analysis of the Answers to the Seventh Question

How do you feel about taking anamnesis from foreign patients?		
	N	%
Nervous	50	43
Comfortable	25	22
Highly self-confident	6	5
Desperate	24	21
Under pressure	10	9

Almost half of the physicians (N=50) stated that they felt nervous taking anamnesis from foreign patients. 24 physicians felt desperate and 10 physicians felt under pressure. Those who felt positive emotions are 25 physicians who felt comfortable and 6 physicians with high self-confidence. It is seen that most of the physicians' feelings in this process are negative. It might be stated that they feel nervous in the communication process due to the possibility of misunderstanding and the fear of misdiagnosis. All these feelings are likely to be reflected in their behaviors, and the anamnesis-taking process might be affected negatively. It can be said that an effective and smooth process is based on the highly-qualified communication. A few of the physicians stated that they felt positive emotions such as comfort and high self-confidence in this process. It is possible to interpret that these physicians with positive emotions are more experienced than others or that they have a good command of foreign languages.

Table 9. Analysis of the answers to the eighth question

How do you think the foreign patients feel during the anamnesis-taking process?		
	N	%
Nervous	41	34
Comfortable	11	9
Highly self-confident	1	1
Desperate	10	8
Under pressure	53	43
They don't feel understood	6	5

When asked how foreign patients felt during the anamnesis-taking process, 53 of the physicians stated that the patients felt under pressure, 41 physicians remarked that the patients felt nervous, 10 physicians stated that they felt hopeless, and 6 physicians remarked that they didn't feel understood. Those who reported positive emotions are 11 physicians who believed that the patients felt comfortable and 6 physicians who remarked that they have high self-confidence.It is seen that the majority of physicians observe negative emotions in foreign patients. The patients present to EDs with fear and anxiety about their lives, current conditions, unknown medical procedures, pains, and so on. In addition to all these factors, lack of communication due to language barriers may increase the negative emotions in foreign patients.

Table 10. Analysis of the answers to the ninth question

How do you feel when the anamnesis-taking process is over and you have been able to diagnose the patient?		
	N	%
Nervous	2	1
Comfortable	31	22
Highly self-confident	20	14
Desperate	2	1
Happy	35	25
Successful	32	22
Satisfied	22	15

Most of the physicians reported that they felt positive emotions when the history-taking process was over and they were able to diagnose the patient. 35% of the physicians felt happy, 32% felt successful, 31% felt comfortable, 22% felt satisfied, and 20% felt highly self-confident. Almost all physicians reported positive emotions when they completed the anamnesis-taking process and diagnosed the patient. The data emphasize the importance of the communication process between the patient and the physician. At that point, it might be stated that an adequate medical process starts with the patient expressing himself/herself correctly.

Table 11. Analysis of the answers to the tenth question

Do the communication problems you experience with foreign patients affect your treatment?		
	N	%
Yes	28	27
No	23	23
To some extent	51	50

28 physicians stated that the communication problems affected the treatment, 51 stated that it did to some extent, and 23 stated that it did not. Problems in the communication process between the physician and the patient often affect the treatment. When the patients do not express themselves correctly, it is very difficult for the physician to understand the symptoms, make a diagnosis, and proceed with treatment. In the anamnesis-taking process, physicians have to get information not only about the symptoms but also about the medical history of the patients. Therefore, showing the painful area or describing the situation with limited words will not be enough for the physician to decide the best procedure for treatment. Therefore, it might be remarked that effective and fluent communication between the foreign patient and the physician is vital in terms of treatment.

Table 12. Analysis of the answers to the eleventh question

Do the communication problems you experience with foreign patients cause you to perform more detailed and extensive physical and technical examinations?		
	N	%
Yes	93	91
No	9	9

Almost all of the physicians (N=93) stated that the communication problems they experienced with foreign patients caused them to perform more detailed and extensive physical and technical examinations. When the patient's self-expression is not good enough, physicians will resort to different methods to better understand the patient to make the most accurate diagnosis and start treatment. These methods may include more detailed and prolonged examinations, and additional tests and procedures. Such detailed technical procedures will result in an extra workload for the physician and extra costs for the hospital. In this context, it might be remarked that effective communication in the anamnesis-taking process will also contribute to the performance of physicians and the efficient use of medical resources.

Table 13. Analysis of the answers to the twelfth question

How do the language problems you experience with foreign patients affect their discharge process?		
	N	%
It shortens the process	1	1
It prolongs the process	88	86
It does not affect the process	13	13

Almost all of the physicians (N=88) stated that the communication problems they experienced with foreign patients prolonged their discharge process. Similar to the findings in Table 14, Table 15 shows that language problems experienced during the communication process have negative effects on discharge procedures. The prolonged discharge process will have negative consequences in terms of both time and cost. Moreover, it can be asserted that prolonged stay at the hospital might create negative psychological, social and economic effects on the patients.

Table 14. Analysis of the answers to the thirteenth question

How long does it usually take for the healthcare interpreter (if available) to reach the ED?		
	N	%
1-15 min.	19	19
15-30 min.	26	25
30 min. and above	57	56

Most of the physicians (N=57) stated that it usually took more than 30 minutes for the interpreter (if available) to reach the emergency department for foreign patients. Only 19 physicians stated that this time was between 1-15 minutes. Accordingly, it is seen that the duration it takes for the interpreter to reach the hospital is more than 15 minutes. Considering the importance of a fast anamnesis-taking process, it may be stated that this duration is too long. According to the results in Table 7 above, the majority of physicians stated that the anamnesis-taking process is completed in the first 5 minutes in Turkish patients. This duration is highly prolonged in foreign patients. Such delays in the process may create a threat to the health of the patient, anxiety for the physicians, and extra costs to the institution.

Table 15. Analysis of the answers to the fourteenth question

What do you do when it takes more than 30 minutes for the healthcare interpreter to reach the ED?		
	N	%
I start the examination process.	66	65
I perform medical interventions.	27	26
I wait for the interpreter.	9	9

Most of the physicians stated that they started the examination process (N=66) or performed medical interventions (N=27) when the time for the interpreter to reach the emergency department exceeded 30 minutes. It can be stated that 30 minutes in EDs result in critical changes in the patient's condition. To prevent negative outcomes, physicians try to initiate the medical process. However, they have also expressed that they felt tense, helpless, and under pressure due to language barriers (see Table 8). Therefore, it can be stated that these feelings may negatively influence the actions of the

physicians and that the anamnesis-taking process may not be completed at the desired level.

4. Results and Discussion

When the findings of the study were analyzed and interpreted, it has been seen that the research has reached important outcomes that could contribute to the literature by providing new and authentic data. Some of the results are consistent with the findings illustrated in different studies carried out in different countries. The study also includes new results that have not been illustrated in the literature before. All these results have been discussed below in light of existing studies.

The majority of physicians examine more than 6 patients whose mother tongue is not Turkish in a week. In certain cases, this number exceeds 10, which means that at least one foreign patient presents to the emergency department every day and is involved in the anamnesis process. In this context, it can be said that communicating with foreign patients has become a part of the daily routines of physicians working in EDs. This result is consistent with the findings of the studies in the literature (Bischoff, 2020; Bischoff et al., 2003; Chae - Park, 2019; Saeki et al., 2022). All these studies have underlined the large population of foreign patients suffering from language barriers in their countries, and our study has presented similar data for Türkiye.

The number of ED physicians who can communicate one-to-one with foreign patients is quite limited compared to those who cannot. The vast majority of foreign patients are unable to talk to physicians about their complaints. It is seen that they can only communicate with a relative who speaks a common language during the anamnesis-taking process. The studies in the literature have reached similar outcomes in different countries (Álvaro Aranda - Lázaro Gutiérrez, 2022; Angelelli - Ross, 2021; Bruno Echauri Galván, 2020; John-Baptiste et al., 2004), which demonstrates the lack of professional interpreting services is a common problem in the hospitals all over the world. Moreover, the use of ad hoc interpreters in medical settings has been reported as a general practice of physicians (Chae - Park, 2019; Saeki et al., 2022), which is consistent with our findings.

Physicians remarked that there was no professional interpreter on-site during the anamnesis-taking process. Very few foreign patients benefitted from machine translation services during the anamnesis-taking process. It was determined that patients mostly expressed themselves with limited words or by pointing to the body parts where they felt pain. This communication problem prolongs the anamnesis-taking process. It was found that the time to take anamnesis from Turkish patients was much shorter. The studies in the literature have not evaluated the anamnesis-taking process of foreign patients in EDs from the perspective of ED physicians. Therefore, the present data provide authentic and critical information about the impact of communication problems on the anamnesis-taking process.

Physicians expressed that they felt nervous, helpless, and under pressure while taking anamnesis from foreign patients. Similarly, patients also felt anxious, nervous, and not understood during this communication process. When the physicians completed the anamnesis-taking process and could diagnose the patient correctly, they felt positive emotions such as comfort, high self-confidence, happiness, and success. The studies in the literature have not focused on the emotions of physicians and foreign patients in terms of healthcare services in EDs; therefore, this research gives valuable results within the scope of emotional aspects in the case of language barriers in EDs.

It was determined that the communication process between physicians and foreign patients mostly affected the treatment. When accurate and adequate communication is established, the physician can understand the symptoms, make the correct diagnosis, and start the treatment procedure. The lack of communication, on the other hand, results in extensive tests, detailed physical examinations, and unnecessary hospitalization to diagnose the patient. These practices not only prolong the diagnosis and treatment process, but also have negative social, economic, and psychological effects. Baptiste et al., Njeru et al., and Cox and Gutierrez have also underlined the negative impact of language barriers on hospitalization, ED stays, ED visits, and unplanned ED revisits (Cox et al., 2019; John-Baptiste et al., 2004; Njeru et al., 2015). The findings of the present research yield similar results to the ones illustrated in the above-mentioned studies.

The ED physicians stated that it often took more than half an hour for an interpreter to reach the ED. They also reported that if this duration exceeded 30 minutes, they inevitably proceeded with examination and treatment despite communication problems. No study has been found in the literature examining the performance of ED physicians in case of a lack of interpreters. In this sense, this study has become the first research illustrating the impacts of delays in interpreting services on the diagnosis and treatment process in EDs.

5. Conclusion

The findings of this study have illustrated that the prolonged anamnesis-taking process leads to delays in diagnosis and treatment in EDs where saving time is vital to save lives. These problems negatively affect the treatment process of patients and cause unnecessary use of public resources. When the duration of interpreters' arrival at hospitals is taken into consideration, it can be stated that critically ill patients may not wait for at least 30 minutes to be understood, to be diagnosed, and to be treated.

All the above-mentioned outcomes have been obtained from ED physicians working in different regions of Türkiye, which is a novelistic perspective in the literature. The answers of ED physicians are of great importance because they are the first actors working in the field and trying to eliminate communication problems. Accordingly, it can be stated that it is crucial to employ healthcare interpreters who are fluent in Turkish and the target language and have a good command of medical jargon to ensure accurate communication between the patient and the physician. In ED settings, healthcare interpreters are among the key actors paving the way for the successful completion of the medical diagnosis and treatment process. Through their assistance to the medical staff, physicians can initiate and conduct a detailed and accurate anamnesis-taking process, and they can effectively diagnose and treat foreign patients. To achieve these optimal conditions in EDs, it is advised to employ healthcare interpreters in permanent positions in hospitals. In this way, interpreters may be available in hospitals at any time in any urgent circumstances. Moreover, academic events

and symposiums can be organized to encourage interpreters to choose this profession and improve themselves in this field.

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