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Interpreter-Mediated Communication in HIV/AIDS Clinics in Western Cape, South Africa

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Background


- **HIV/AIDS:**
 - The largest cohort ever of people under ARV (Antiretroviral therapy against HIV/AIDS) lives in South Africa. Since 2002, the South African government aims at providing ART for all affected communities.
 - Adherence to ART is a hot topic
- **Languages**
 - There are 11 official languages, and language barriers are likely to arise in patient-provider communication.
 - Western Cape is a case in point.

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Languages in the Western Cape

- 80% of the populations speaks Xhosa,
- 15% Afrikaans,
- 5% other languages.

- → While many speak some English, their proficiency in a second language is generally not enough to communicate in a medical context involving complex issues of chronic disease and medication adherence.

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Methods

- We conducted an assessment
 - on how health professionals
 - doctors
 - nurses
 - healthcare managers
 - involved in ARV clinics in the Western Cape
 - deal
 - with language barriers
 - the use of interpreters.
 - 17 interviews recorded and transcribed

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Themes identified in the key informant interviews

- A. Language barriers in the linguistic landscape of the Western Cape
- B. Intermediaries in medical communication
- C. Linguistic and cultural competences of health staff
- D. Inter-professional collaboration in HIV/AIDS care
- E. Dealing with a chronic disease
- F. Improving interpreter-mediated communication in ART clinics

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A - Language barriers in the linguistic landscape of SA

- "Yes, they are definitely a problem.
- "I am seeing mainly Xhosa speaking patients, but I do not speak Xhosa.
- "What is needed in terms of language ability, is 99% Xhosa.
- "There are many foreign speakers in the new townships. Being a recent phenomenon, I have not given much thought to language barriers and interpreter issues.

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B - Intermediaries in medical communication

- "The use of interpreters is common; interpreters are everywhere (MSF)
- "Anyone is being grabbed to interpret (Worcester Hospital, 250 beds). 5-10% of patients would need language assistance.
- "Different types of interpreters: Adherence counsellors are those most often used for interpreting.
- "No professional interpreters are used.

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List of ad hoc intermediaries involved in ARV clinics

- Adherence counsellors
- Voluntary counselling staff
- Patient advocates
- Expert patients
- Community-based treatment supervisors (in TB clinics)
- Grannies
- Other patient relatives
- Nurses
 - Comment: "Nurses often do not like it, they despise acting as interpreter. Also they would like to be paid like a real interpreter."
- Doctors
 - Comment: "Sometimes I am serving as a language joker."

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C - Linguistic and cultural competences of health staff

- "I would prone a two-step approach when working with interpreters:
 1. verbatim at the beginning,
 2. later on intercultural interpreting, when the doctor has experience and when trust has been established between the three involved
- "I can do a basic consultation in Xhosa. But when there are psycho-social issues, then I need help, I need an interpreter. ... Cultural things can be disclosed more easily when you speak to someone of the same language (i.e.Xhosa).

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Cont'd

- "Priorities for physicians are
 1. Learn the (local) language
 2. Use an interpreter, that is essentially a nurse
- "You can communicate even if language fails you."
- "When emotions come up in a consultation, then more 'linguistic stuff' is needed.

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D- Inter-professional collaboration in HIV/AIDS care

- "Between doctor and patient: yes, there are language barriers; between nurses and patients: no, there are no language barriers."
- "It is difficult to get adherence counselors who can work as interpreters, because of the workload these counselors are faced with."
- "What a nurse narrated, when Xhosa staff and Afrikaans staff have to work together, but do not want to speak English, as was the case of a nurse matron who did not accept to resort to English as the lingua franca."

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E - Dealing with a chronic disease

- "There is complexity and high numbers of health-related workers involved in HIV/AIDS and TB care. Among them are some who are asked to interpret."
- "There are commonalities in health care interpreting across the management of chronic diseases, be it AIDS, be it non-communicable disease like hypertension or diabetes."
- "Communication is a problem, I experienced it personally. How to drink tablets... I cry loud and talk slowly to explain the tablets."

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(E - Dealing with a chronic disease, cont'd)

- "I do not have time, bang bang bang, I give them advice, touch on some issues and then the consultation has to go on. But the counsellors have a lot to do, don't know whether they take the patient (being fully booked)"
- "Local language proficiency is essential when dealing with poor patients with a chronic disease."
- "I have observed that among foreigners more often than not both parents come to the clinic."

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


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F - Improving interpreter-mediated communication in ART clinics

- "It is doctors who need training on how to work with interpreters."
- "As for interpreting, he would privilege verbatim interpreting, after that and only then intercultural interpreting."
- "Conclusions
 - a. include interpreter issue in adherence counsellor training, include interpreter issues in adherence counsellor job description,
 - b. Adherence counsellors are the future, are the way to go in order to improve communication in ARV clinics
 - c. Train health staff on how to handle language barriers.

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Summary Results

1. We found that the health professionals perceive languages barriers definitely as a main obstacle in carrying out their clinical work adequately.
2. Among the strategies to overcome language barriers, the following were mentioned most frequently:
 - bilingual adherence counselors
 - bilingual patient advocates,
 - bilingual nurses
 - patient relatives.
3. Also, health professionals' own knowledge of 'other' languages is used as a strategy.

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Conclusions

- It does not seem realistic to professional interpreters as additional actors in the already highly complex and multi-professional setting of ARV clinics,
- Interviewees agree that sensitizing adherence counselors to their inherent interpreting tasks and include interpreting in their initial training is a promising option.
- There is also a need to include healthcare interpreting as a topic in the training of doctors and nurses involved in HIV/AIDS care

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