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Difficulties Faced by Non-Native English Speakers in Healthcare Settings

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Table of Contents

Table of Contents	2
Abstract	3
Introduction	4
Background	4
Hypothesis	6
Materials and Methods	6
Participants	6
Tools for data collection	8
Analysis	10
Results	10
Discussion	17
Future Directions	21
Bibliography	23
Appendix A	24
Appendix B	29

Abstract

Language barriers in healthcare settings can cause many difficulties for both the patient and others involved. These issues, such as problems in communication and decreased comfort levels, can worsen patients' understanding and impair their experiences in healthcare settings. This area requires attention and further research, as it has been found that these challenges in communication increase the issue of patient safety. They also cause a reduction in patients' satisfaction with the treatment (Al Shamsi *et al.*, 2020). In this study, a survey was distributed throughout the Omaha area to better understand the prevalence and severity of issues regarding difficulties faced by non-native English-speakers in healthcare settings (e.g., poor communication and issues understanding their prescription medication). Though limited survey responses were collected (n=14), the participants indicated that these issues may be relevant in Omaha's community. All participants reported being able to speak at least one other language in addition to English and responded that they could speak English "well" to "very well." Thirty-five-point seven percent of the participants of this survey reported seeing a doctor who did not speak their native language. This can lead to the reliance on other methods to effectively communicate with healthcare personnel. Twenty-one-point four percent of participants reported having experienced a problem in understanding a medical situation due to it not being explained in their native language. These responses indicate that issues of communication and comfort level are relevant among the Omaha Metropolitan area and requires improvement.

Key Words: Language Barrier, Healthcare, Non-Native English Speakers, Survey

Introduction

Background

A language barrier has proven to be, at many times, an overwhelming challenge regardless of the context or the location. The 2020 United States Census has shown that over 10% of Omaha residents are considered foreign-born. Given this data, the issues caused by language barriers in Omaha and its surrounding metropolitan areas are extremely significant. It has been shown that language barriers in healthcare settings increase the issue of patient safety and cause a reduction in both the healthcare providers' and patients' satisfaction with the treatment and interaction. In addition, the language services required to aid this communication barrier have been found, in many cases, to increase both the duration and cost of treatment (Al Shamsi et al., 2020). In a study on the impacts of English proficiency in healthcare, researchers found that individuals with lower English proficiency were less likely to visit their healthcare provider (Shi et al., 2009).

Varying methods of translation/interpretation resources include live online interpretation services, live phone interpreters, live video interpreters, in-person interpreters, and online translation services such as Google Translate. The study conducted by Al Shamsi et al. in 2020 found that different translation/interpretation resources have been shown to have differing impacts on patient satisfaction rates. For example, this study showed that online translation services tended to have a significantly positive impact on satisfaction levels. Another study by Truong *et al.* found that telehealth had many benefits regarding treating patients who did not primarily speak English. This method enabled patients to receive consultation and treatment in their primary language that they may not have otherwise been able to have access to depending

on their location. The challenges associated with this solution are cost and availability of electronic devices to all as well as a lack of technological literacy (Truong et al., 2022).

Even with the use of professional hospital interpreters, errors in communication between patients and healthcare personnel are extremely common. A study was conducted in 2003 by Flores and associates in a hospital outpatient clinic in which 13 instances were recorded and transcribed. These interactions included the use of an interpreter in each case which was used for communication between the patients, their families, and the healthcare employees. These interpreters were present in the form of professional hospital interpreters for six of the interactions, and as a stand-in interpreter for the other seven instances (such as a nurse, a social worker, and in one case, an 11-year-old sibling). In these cases, the researchers found that in 474 pages of transcription, there were 396 errors in interpretation. In these, 52% of the errors fell into the category of omission and 63% of these errors were found to potentially cause clinical consequences. These errors of clinical consequence were more likely to occur with the use of stand-in interpreters (Flores et al., 2003).

Healthcare settings can feel unnerving and cause an increased sense of vulnerability. The added stressor of a language barrier in this setting only creates further challenges. Because communication is a key component in patient experience, it is fundamental that healthcare providers understand how each of these factors come into play with patients that do not primarily speak English. Thus, the purpose of this project is to identify the main issues that are faced by non-native English speakers and the severity of these issues in the Omaha metropolitan area.

Hypothesis

As noted before, the purpose of this research is to discover how a language barrier impacts patient experience in manners such as: comfort level (and if this discomfort prevents visits), communication of symptoms, understanding of treatment, which translation services are offered, which translation services are preferred, how well the patients are educated on their treatment plan, and how well they are educated on what they should be doing at home. This project seeks to identify the main issues that are faced by non-native English speakers and the severity of these issues. With a better understanding of these difficulties, the Omaha community and its residents can better improve its accessibility and resources.

Materials and Methods

Participants

This data will be collected via survey responses from non-native English speakers. This survey will give information about certain characteristics of the participants in the first three questions which can be found below and will be described in further detail in the next section. All participants will be asked to verify that they were 18 years of age or older, and the responses will be kept completely anonymous.

Figure 1, found below, demonstrates that all survey participants are of the age 18-years-old or older.

Figure 1. Results of Survey Question #1

Are you 18 years old or older?

14 responses

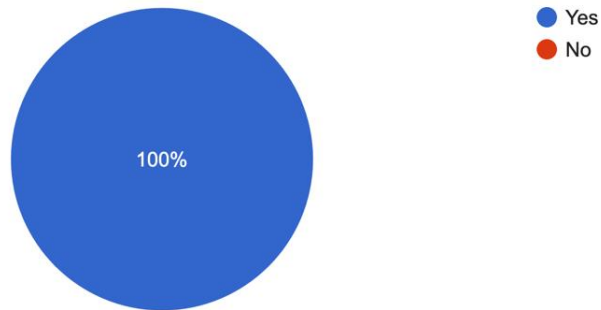


Figure 2, as seen below, displays the variety of languages are spoken by survey participants. This shows that most subjects speak both English and Spanish, though there is slight representation of French, Portuguese, and Italian speaking individuals.

Figure 2. Results of Survey Question #2

What language(s) do you speak? (Select all that apply)

14 responses

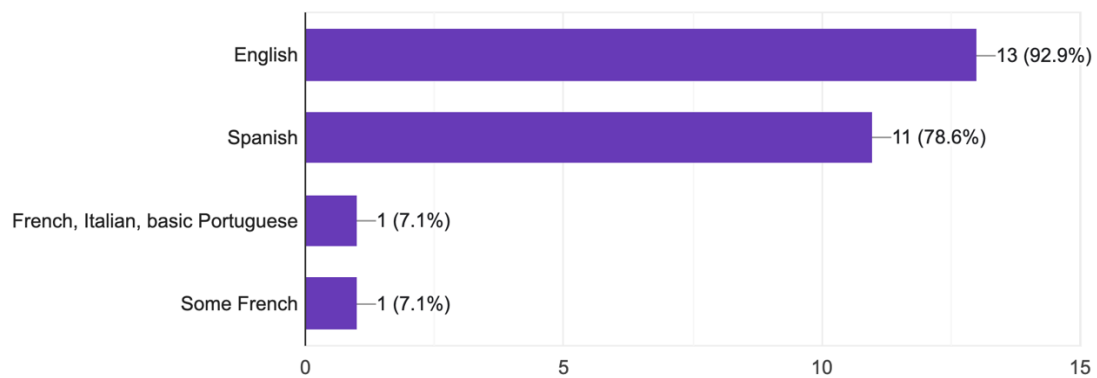
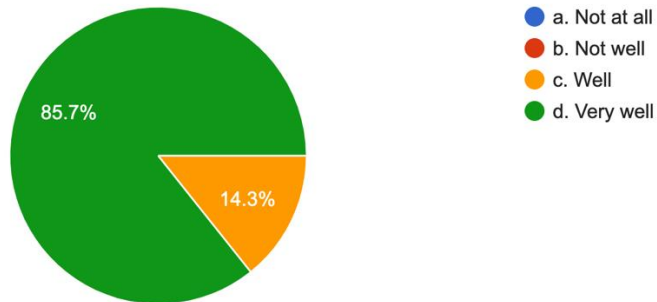


Figure 3 shows that all survey participants speak English at high levels, the vast majority of which are entirely fluent.

Figure 3. Results of Survey Question #3

How well do you speak English?
14 responses



Tools for data collection

The survey will be, in part, adapted from the Wilson *et al.* experiment which was performed in 2005. The survey will be created through the use of Google Forms. This online survey will be developed in both English and in Spanish. The English survey can be found in Appendix A and the Spanish survey can be found in Appendix B. It is important to note that IRB oversight was not required for this honors project.

The survey will ask participants to answer questions about issues they have faced regarding a language barrier in healthcare settings. It will also ask them to answer questions about their experience in healthcare settings, the outcomes of their visits, their level of comfort in these settings, and other questions of this manner. To reach the desired group of candidates, organizations which typically provide support to non-native English speakers and their families will be contacted and asked to supply the survey to those they support.

The organizations who will be contacted include Families in Action (FIA), Midwest Urgent Care, Heartland Workers Center, Omaha Center for Refugee and Immigrant Services Inc. (OCRISI), the Immigrant Legal and Refugee Empowerment Center, the Latino Center of the Midlands, the University of Nebraska Omaha Honors Program, the University of Nebraska Omaha’s chapter of Sigma Delta Pi (a Spanish honors society), the University of Nebraska Omaha Foreign Languages Department, Cristo Rey Catholic Church, St. Pius X Catholic Church, and Assumption Guadalupe Catholic Church. Messages will be sent to these organizations with information on the study as well as links to the English and Spanish versions of the survey. They will also be sent posters to display at their locations (both in English and in Spanish), which contain QR codes for both versions of the survey in order to bring participants to it. The organizations who agree to displaying the survey can be seen below in Table 1, as well as the method(s) of distribution that will be employed by each organization.

Table 1. Participating Organizations and the Manner of Participation

Organization	Method of Display
Heartland Workers Center	Posters will be displayed as well as distributed to their organizers for additional dispersion
University of Nebraska Omaha Honors Program	Surveys will be shared via email to all honors students for several weeks
Sigma Delta Pi - University of Nebraska Omaha	Surveys will be shared via email with all members
University of Nebraska Omaha Foreign Languages Department	Posters will be displayed at events and shared with many classes
St. Pius Catholic Church	Posters will be displayed

Analysis

The survey results will be compiled into charts through the use of Google Forms. Each response will be analyzed, the majority response of each survey question will be interpreted, and outliers will be taken into consideration. Fourteen responses to the survey were received, 12 from the English version of the survey and two from the Spanish version. The results will be combined and interpreted together.

Results

The following analysis was completed using the results of the survey. It is necessary to note that the number of responses collected was not high enough to be considered an accurate representation of the non-native English-speaking population in Omaha as a whole. In addition, the majority of respondents were English-proficient. This study can be used in the future to gain a better understanding of the difficulties faced by non-native English speakers in healthcare settings with changes such as a compensation incentive for participants or a partnered organization.

Figure 4, seen below, shows that 21.4% of survey respondents have had issues understanding a medical situation due to a language barrier, while 71.4% of them have not.

Figure 4. Results of Survey Question #4

Have you ever had a problem understanding a medical situation because it was not explained in (respondent language)?

14 responses

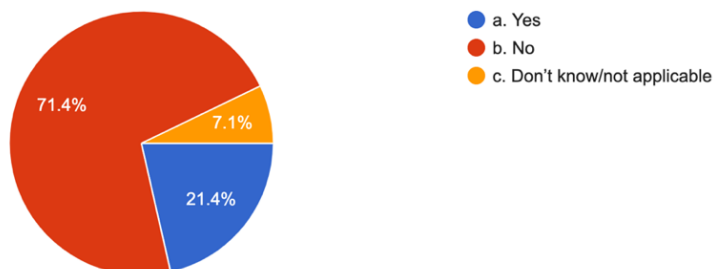


Figure 5 shows that almost all survey respondents are confident in how to use their prescription medication.

Figure 5. Results of Survey Question #5

Do you agree or disagree with the following statement: I am often confused about how to use my prescription medicines?

14 responses

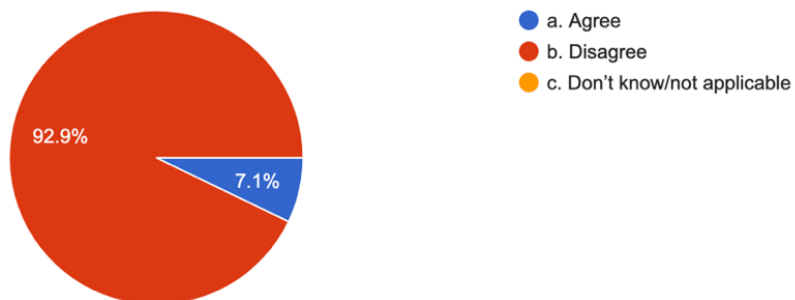


Figure 6 displays that a little under half, 42.9%, of survey participants have trouble understanding the label on their prescription medications at times while 57.1% of participants have not.

Figure 6. Results of Survey Question #6

Do you ever have trouble understanding the label on prescription medicines?

14 responses

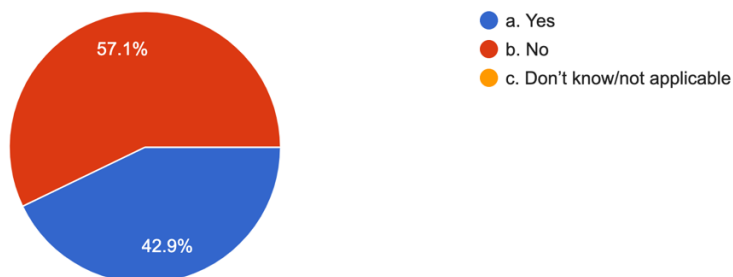


Figure 7 enforces that most subjects in this study had a specific healthcare location that they went to when they were sick or in need of health information.

Figure 7. Results of Survey Question #7

Is there a particular doctor's office, clinic, or health center that you usually go to if you are sick or need advice about your health?

14 responses

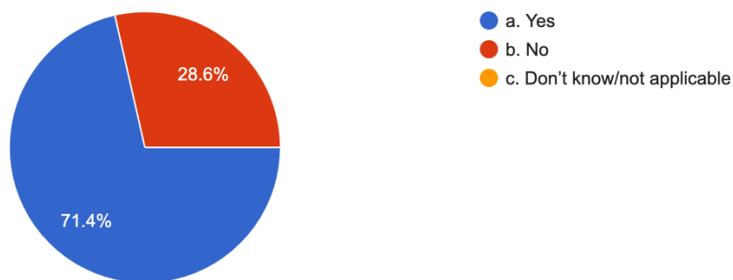


Figure 8 shows that 35.7% of survey respondents did not have a physician who spoke their native language. In contrast, 57.1% of respondents did have a physician who spoke their native language.

Figure 8. Results of Survey Question #8

Does your doctor speak your native language?

14 responses

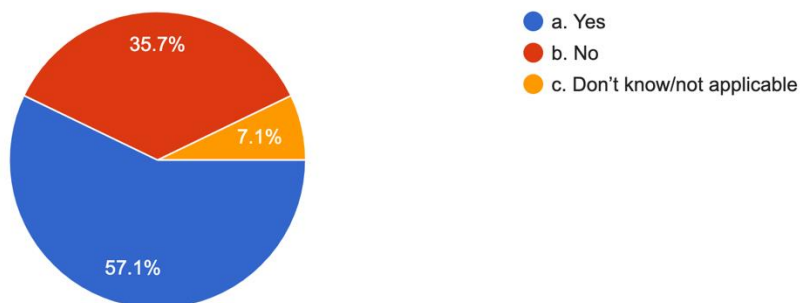


Figure 9 gives information on the preferred manner of communication by survey participants and what parties are involved in this. The most common form of communication was the participant themselves, followed by a family member, and then a member of the staff at the healthcare office.

Figure 9. Results of Survey Question #9

Who helps you communicate with your doctor?

14 responses

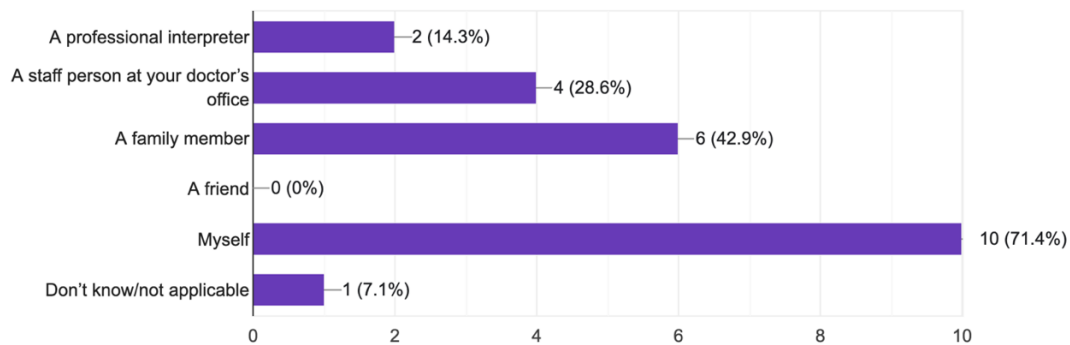


Figure 10 shows that those participants who required translation for their communication in healthcare settings most preferred the use of a family member or friend for translation.

Figure 10. Results of Survey Question #10

What is your preferred method of translation service if your healthcare provider does not speak Spanish?
14 responses

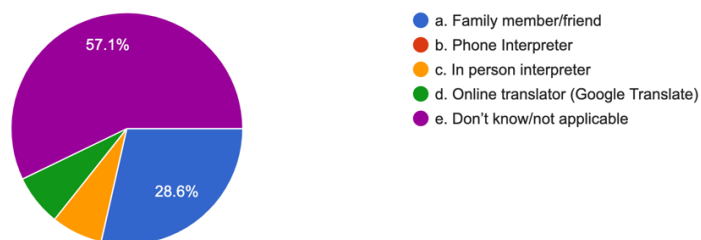


Figure 11 displays the varying comfort levels that survey respondents had in healthcare settings. The vast majority respondents recorded that they felt a range between somewhat comfortable to very comfortable in healthcare settings.

Figure 11. Results of Survey Question #11

What is your comfort level in a healthcare setting?
14 responses

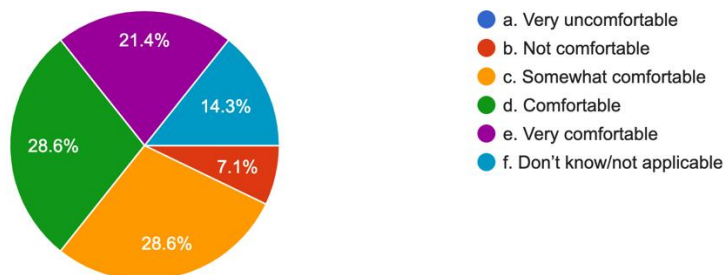


Figure 12 displays the feelings of comfort participants had or did not have towards their physician. Most participants ranged from very comfortable to somewhat comfortable.

Figure 12. Results of Survey Question #12

What is your comfort level with your physician?

14 responses

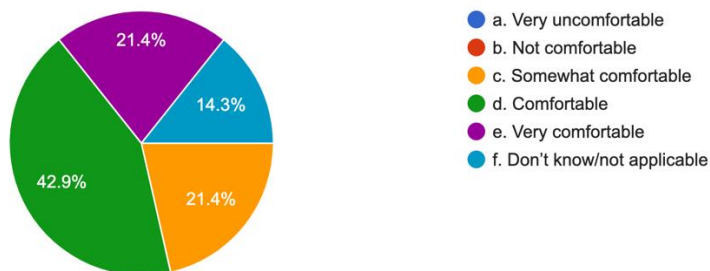


Figure 13 shows the confidence level that survey respondents felt in their ability to communicate their symptoms to their doctor through their typical form of communication (whether that was accomplished themselves, through translation, or through interpretation). The majority of respondents reported confidence in this communication ranging from somewhat well to very well.

Figure 13. Results of Survey Question #13

How well do you think you are communicating your symptoms to your doctor through your typical form of communication, translation or interpretation?

14 responses

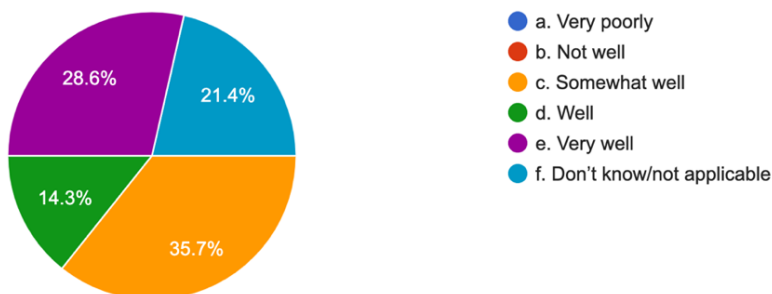


Figure 14 demonstrates that survey participants typically understand their treatment plan in the range from well to very well, though some participants recorded that they did not understand their plan for treatment.

Figure 14. Results of Survey Question #14

How well do you typically understand your treatment plan?

14 responses

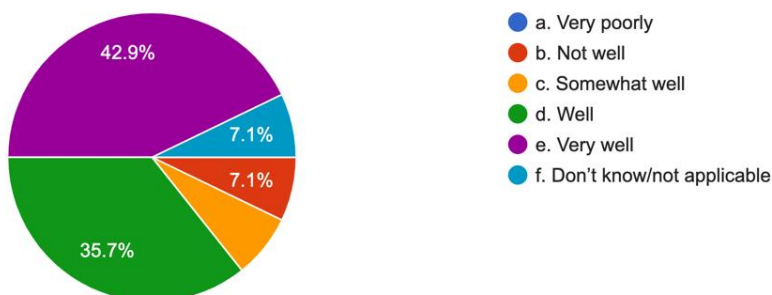
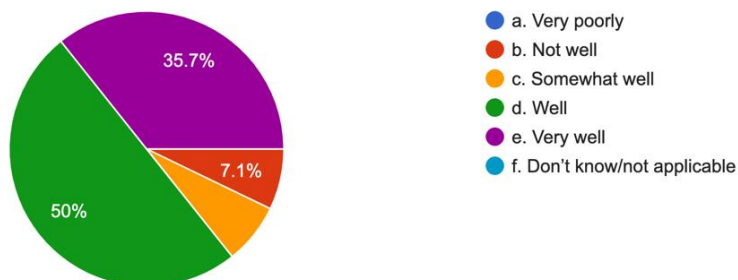


Figure 15 displays the range in which survey participants typically understand their directions for continued treatment at home. Almost all participants understood their plan for home treatment well or very well, though one participant did not understand it well.

Figure 15. Results of Survey Question #15

How well do you typically understand your directions for continued treatment at home?

14 responses



Discussion

Given all the survey responses and their culmination into these figures, differing conclusions can be made from each of them. It is again important to emphasize that there was a lack of survey responses and that the vast majority of participants spoke English. This low number and high level of English proficiency makes it impossible to claim that this small group of survey participants represents this issue as a whole and all those affected by it. Survey question #1 found that all participants were of or over the age of 18 which ensured that the recorded experiences were provided by adults who had to communicate their own needs. This contrasts with the experience of a child who relies on their parents or guardians to communicate their needs for them. Survey questions #2 and #3 also dealt with the demographics of the survey participants. The responses to these questions showed that this experiment was comprised mainly of individuals who were bilingual in English and Spanish. This does not necessarily result in an accurate representation of the issues caused by language barriers in healthcare settings. Though this is true, it can be predicted that any issues present in this group would be increased in a group with greater representation of those individuals in the community with less English fluency.

Survey questions #4-6 have to do with issues that individuals may face when dealing with difficulties due to language barriers in healthcare settings. The questions also inquired about how often these problems occur in the participant's experience. It was found that while most survey respondents do not have problems understanding medical situations, it does occur. While the incidence of this was low in the survey group of this experiment, it can be expected for these numbers to rise in correlation with a higher number of individuals who are not fluent in English. A more common occurrence in this surveyed group, however, was the issue of not understanding the labels on prescription medications. It was found in a previous study, which asked participants the same question regarding prescription medications, that patients with limited English proficiency were more likely to report problems understand the labels on their medication (Wilson et al., 2005). This could be due to the presence of a language barrier, or inadequate labeling in general. A lack of understanding of the label on prescription medication could lead to misuse and/or could cause a failure in treatment. With this information, the survey responses indicate that a resolution to this issue needs to be found in the Omaha community, such as offering prescription medication labels in the patient's native language and/or better communication by physicians. In addition, these responses and literature indicate that a better understanding of this problem in the Omaha metropolitan area is imperative and needs to be attained by increasing the scale of this study.

Survey questions #7-8 relate to information about the survey the participant's doctor. It was found that most participants had a certain doctor that they typically went to. In addition, it was discovered that while most participants went to a doctor that they shared a native language with, there was still a large portion of people did not have a doctor who spoke their native language. This signifies that there is great opportunity for issues in communication to arise,

especially in groups with less English fluency. This finding is relevant when the study “Culture, Language, and the Doctor-Patient Relationship,” is taken into consideration. These physicians gathered and analyzed research which indicated that language-concordant relationships between physicians and patients causes patients to feel more involved in their medical care and increases patient satisfaction (Ferguson & Candib, 2002). In addition, the study by Wilson et al. concluded that access to physicians who share a language with patients alleviates many problems but does not entirely dispose of language barriers (2005). Together, these results call for a more diverse range of physicians and healthcare professionals to provide a comfortable environment with effective communication in the Omaha area.

Survey questions #9-10 discuss the method of interpretation/translation that is most used and/or preferred. While most survey participants responded that they communicate with their doctor themselves, the second most common interpretation/translation method was the use of a family member. Third to a family member, was the use of a staff person from their doctor’s office. These results can be used to help better educate healthcare professionals and can create an understanding of the common occurrences in the community. Given the preference for interpretation/translation by a family member over the use of a professional, it should be asked what can be done to improve facilities’ translation/interpretation services to increase the comfort level of patients. A patient’s trust must be earned for them to use and rely on these services. To do this would also allow for an increased number of visits due to greater convenience and accessibility to those without family nearby or who had to previously work around a family member’s schedule. Additionally, as found in the study by Flores et al. in 2003, it is more common for errors which result in potential clinical consequence to occur when a patient is using a nonprofessional interpreter. This finding, in addition to the survey results which indicate that

patients prefer nonprofessional interpreters (specifically family members), illustrates that this is a relevant concern regarding patient safety in healthcare settings.

Survey questions #11-12 have to do with the comfort level survey respondents feel in healthcare settings and with their physician. While all participants felt at least somewhat comfortable with their physician, with the majority feeling “comfortable,” there seemed to be slightly less confidence in healthcare settings as a whole. This shows that while the experience in general may be uncomfortable, the physicians of these patients have been successful in lessening this discomfort. Decreased comfort levels due to language barriers could account for the fact that patients with limited English proficiency are less likely to visit healthcare facilities and to seek medical care (Shi et al., 2009). Due to this, it is important that a better understanding of the community in the Omaha metropolitan area with limited English proficiency be surveyed to provide necessary resources to alleviate this discomfort. This could be done in manners such as improved interpretation/translation services and/or improved public health education.

Survey questions #13-15 asked survey participants how well they understood their treatment plans and the confidence they had in their communication with their doctor. While most participants felt they communicated their symptoms to their physician as at least well, it still seems as though there is room for improvement in this area. With a problem as serious as the communication of health issues, the goal in this category should be “very well” for all patients and work should be done in this area to ensure this. Almost all survey participants recorded that they understood their treatment plan and directions for continued care at home well or very well. There were outliers to these survey responses which indicated that not all participants had this experience through the recording of “not well” in these categories. If this is the case for a group of participants who are or almost fluent in English, one can only imagine that this incidence

would be increased in a group of less fluent individuals due to difficulties caused by language barriers. This belief is supported by the study that gave the groundwork for the survey used in this research. Wilson et al. found that in their survey, participants with limited English proficiency were more likely to report problems understanding their medical situation (2005). Given these findings, it is clear that action needs to be taken to accurately assess the need of individuals in the Omaha metropolitan area by taking this survey to a larger scale.

Future Directions

Overall, it can be seen that there are problems caused by language barriers in healthcare settings which require greater levels of research, attention, and solutions. While this study received a small number of participants, all of whom had a high level of English proficiency, the groundwork laid out by this research can be used as a platform for further studies. Given the literature described in this study and the responses received by this group of participants, it is clear that a group of respondents with limited English proficiency are predicted to demonstrate the areas in which the Omaha metropolitan area is lacking. Whether this be a lack in language-concordant physicians, elusive prescription medication labels, and/or low comfort levels in healthcare settings, it is imperative that the Omaha community gain a greater understanding of these issues in order to better them.

There are several future directions that could be taken following this project. It is recommended that a broader group of research participants be surveyed. This field needs additional research to be done to depict the concerns surrounding language barriers in healthcare settings in the Omaha metropolitan area more clearly and accurately. To reach a larger group of survey participants, the survey could be done by phone, which could reach a greater number of

participants. It could also be distributed by healthcare facilities and doctor's offices in order to assess the difficulties faced by their specific clientele. A partnership with a local organization who works with large groups of individuals with limited English proficiency would be extremely beneficial in achieving responses from the desired group, such as the South Omaha Community Care Council (SOCCC). The SOCCC hosted a health fair in south Omaha at their Cinco de Mayo celebration and events such as this, which cater to individuals who speak a language other than English, provide an excellent opportunity to distribute this survey to the desired community. Surveys could also be distributed at different non-medical settings in local communities with high levels of individuals with limited English proficiency such as grocery stores and drug stores.

Supplementary partnerships with organizations such as OneWorld in Omaha, whose mission is to "(OneWorld) in partnership with the community, provides culturally respectful, quality health care with special attention to the underserved." For example, the survey in this study could be distributed in their newsletter to gain more participants and/or could be administered at their events and health fairs. Further, this partnership would allow for action to be taken by those directly involved with individuals who have limited English proficiency in healthcare settings following the results of the survey. An organization such as this could help spread awareness of this issue throughout the Omaha metropolitan community. In addition, it may be beneficial to provide compensation to survey respondents for their participation to receive a higher number of returned surveys. Regardless of how it achieved, it is certain that this survey needs to be brought to the Omaha metropolitan area on a larger scale to discover and meet the need of the large non-native English-speaking population in the community.

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Appendix A

Survey Regarding the Difficulties Faced in Healthcare Settings

1. Are you 18 years old or older?

Mark only one oval.

Yes

No

2. What language(s) do you speak? (Select all that apply)

Check all that apply.

English

Spanish

Other: _____

3. How well do you speak English?

Mark only one oval.

a. Not at all

b. Not well

c. Well

d. Very well

4. Have you ever had a problem understanding a medical situation because it was not explained in (respondent language)?

Mark only one oval.

- a. Yes
 b. No
 c. Don't know/not applicable

5. Do you agree or disagree with the following statement: I am often confused about how to use my prescription medicines?

Mark only one oval.

- a. Agree
 b. Disagree
 c. Don't know/not applicable

6. Do you ever have trouble understanding the label on prescription medicines?

Mark only one oval.

- a. Yes
 b. No
 c. Don't know/not applicable

7. Is there a particular doctor's office, clinic, or health center that you usually go to if you are sick or need advice about your health?

Mark only one oval.

- a. Yes
 b. No
 c. Don't know/not applicable

8. Does your doctor speak your native language?

Mark only one oval.

- a. Yes
- b. No
- c. Don't know/not applicable

9. Who helps you communicate with your doctor?

Check all that apply.

- A professional interpreter
- A staff person at your doctor's office
- A family member
- A friend
- Myself
- Don't know/not applicable
- Other: _____

10. What is your preferred method of translation service if your healthcare provider does not speak Spanish?

Mark only one oval.

- a. Family member/friend
- b. Phone Interpreter
- c. In person interpreter
- d. Online translator (Google Translate)
- e. Don't know/not applicable
- Other: _____

11. What is your comfort level in a healthcare setting?

Mark only one oval.

- a. Very uncomfortable
- b. Not comfortable
- c. Somewhat comfortable
- d. Comfortable
- e. Very comfortable
- f. Don't know/not applicable

12. What is your comfort level with your physician?

Mark only one oval.

- a. Very uncomfortable
- b. Not comfortable
- c. Somewhat comfortable
- d. Comfortable
- e. Very comfortable
- f. Don't know/not applicable

13. How well do you think you are communicating your symptoms to your doctor through your typical form of communication, translation or interpretation?

Mark only one oval.

- a. Very poorly
- b. Not well
- c. Somewhat well
- d. Well
- e. Very well
- f. Don't know/not applicable

14. How well do you typically understand your treatment plan?

Mark only one oval.

- a. Very poorly
- b. Not well
- c. Somewhat well
- d. Well
- e. Very well
- f. Don't know/not applicable

15. How well do you typically understand your directions for continued treatment at home?

Mark only one oval.

- a. Very poorly
- b. Not well
- c. Somewhat well
- d. Well
- e. Very well
- f. Don't know/not applicable

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Google Forms

Appendix B

Un sondeo con relación a los dificultades enfrentadas en asistencia médica.

1. ¿Tienes 18 años?

Mark only one oval.

Sí

No

2. ¿Qué idiomas hablas? (Seleccione todas las que correspondan)

Check all that apply.

Inglés

Español

Other: _____

3. ¿Habla inglés?

Mark only one oval.

Nada

No muy bien

Bien

Muy bien

4. ¿Alguna vez ha tenido problemas para comprender una situación médica porque no se le explicó en su idioma materno?

Mark only one oval.

- Sí
- No
- No sé/no aplicable

5. ¿Está de acuerdo o en desacuerdo con la siguiente afirmación: A menudo estoy confundido acerca de cómo usar mis medicamentos recetados?

Mark only one oval.

- Estoy de acuerdo
- Estoy de desacuerdo
- No sé/no aplicable

6. ¿Alguna vez ha tenido problemas para entender la etiqueta de los medicamentos recetados?

Mark only one oval.

- Sí
- No
- No sé/no aplicable

7. ¿Hay algún consultorio médico, clínica o centro de salud en particular al que acuda habitualmente si está enfermo o necesita asesoramiento sobre su salud?

Mark only one oval.

- Sí
- No
- No sé/no aplicable

8. ¿Su médico habla su idioma materno?

Mark only one oval.

- Sí
- No
- No sé/no aplicable

9. ¿Quién le ayuda a comunicarse con su médico?

Mark only one oval.

- Un intérprete profesional
- Un miembro del personal de su médico
- Un familiar
- Un amigo
- Nadie
- No sé/no aplicable
- Other: _____

10. ¿Cuál es su método preferido de servicio de traducción si su proveedor de atención médica no habla español?

Mark only one oval.

- Un familiar/un amigo
- Un intérprete telefónico
- Un intérprete en persona
- Un traductor en línea (Google Translate)
- No sé/no aplicable
- Other: _____

11. ¿Cuál es su nivel de comodidad en un entorno de atención médica?

Mark only one oval.

- Muy incómodo
- Incómodo
- Un poco incómodo
- Cómodo
- Muy cómodo
- No sé/no aplicable

12. ¿Cuál es su nivel de comodidad con su médico?

Mark only one oval.

- Muy incómodo
- Incómodo
- Un poco incómodo
- Cómodo
- Muy cómodo
- No sé/no aplicable

13. ¿Qué tan bien cree que está comunicando sus síntomas a su médico a través de su forma típica de comunicación, traducción o interpretación?

Mark only one oval.

- Muy pobremente
- Mal
- No muy bien
- Bien
- Muy bien
- No sé/no aplicable

14. ¿Qué tan bien entiende normalmente su plan de tratamiento?

Mark only one oval.

- Muy pobremente
- Mal
- No muy bien
- Bien
- Muy bien
- No sé/no aplicable

15. ¿Qué tan bien comprende normalmente sus instrucciones para continuar el tratamiento en el hogar?

Mark only one oval.

- Muy pobremente
- Mal
- No muy bien
- Bien
- Muy bien
- No sé/no aplicable

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