

# Spanish-speaking families prefer native language when discussing surgical care

September 3 2015, by Erin Digitale

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Spanish-speaking families are more satisfied with and better understand their children's surgical care when they communicate with the surgical team in their native language, according to a new study from the Stanford University School of Medicine and Lucile Packard Children's Hospital Stanford.

The study, which appears in the September issue of the *Journal of Pediatric Surgery*, examined outcomes in the Hispanic Center for Pediatric Surgery at the children's hospital. All staff members at the center, including the receptionists, triage staff, nurse practitioners and pediatric general surgeon, interact with patients and their [family](#) members in fluent Spanish. Families thus receive all of their medical care without the need for an interpreter.

"Even though the interpreters are great, being able to look someone in the eye and tell them how we feel, and hear directly how they feel about us, makes for such a different interaction," said the study's senior author, Matias Bruzoni, MD, assistant professor of surgery. Bruzoni is the surgeon for the center, which is part of Stanford Children's Health.

Hispanics form a large and growing part of the U.S. population, particularly in California, and 25 percent speak little to no English. Although professional medical interpreters can help bridge the language gap, there are drawbacks to using an interpreter compared with communicating in the patient's [native language](#): For instance, less information can be communicated in the same-length appointment

because everything that is said must be interpreted.

The study compared patient satisfaction among three groups of families whose children received [surgical care](#) at the hospital between November 2011 and July 2013. The two experimental groups were made up of Hispanic, exclusively Spanish-speaking families, 43 of which communicated with their English-speaking caregivers via a medical interpreter, and 78 of which communicated directly in Spanish with their caregivers. The [control group](#) was 56 English-speaking families of any race or ethnicity who spoke with their caregivers in English.

The verbal interaction between the caregivers and families included patient registration; the intake exam, history and physical; explanation of the patient's diagnosis and management plan; surgical consent; and pre- and post-operative instructions for the parents and patient.

All families included in the experiment answered a questionnaire to assess their general satisfaction with their care, their feelings about the importance of speaking the same language as their child's caregivers, and their feelings about the quality of information they received from hospital staff.

## **Interacting in Spanish leads to greater satisfaction**

Spanish-speaking families that discussed their children's care in Spanish reported a higher level of satisfaction and higher ratings of the quality of information they received compared with the families in the control group and those that worked through an interpreter. Spanish-speaking families rated the importance of discussing care in their native language more highly than English-speaking families, the study found.

Although socioeconomic status was not assessed in this study, Bruzoni noted that Hispanic families of [low socioeconomic status](#) may have an

even greater need than others to receive care in their native language. "There is a big cultural barrier," Bruzoni said. "Because of these patients' circumstances, it is even more important to work with them using their own language."

He said he wants to encourage other clinics and hospitals, particularly those that serve large numbers of Hispanic patients, to create similar teams catering to Spanish speakers. "Not only is the patient population growing, the physician population is growing," he said, adding that he sees a growing number of surgical fellows of Hispanic background receiving training. "We need bilingual and bicultural staff to help improve our ability to provide patient-centered care."

Provided by Stanford University Medical Center

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