Question:

Do nurses who use video-based interpretation compared to telephone interpreters have a more positive outcome on communication?

Summary:

Quality interpretation is needed for communication with diverse patients to provide quality care. “The preferred method for medical language interpretation is to employ a qualified, professional, in person interpreter to ensure the provision of culturally competent care and protect the bond between patient and provider. Given that in-person interpreters are frequently unavailable, remote technological interpretation options were invented to fill the gaps.” (Marcus DNP, WHNP et al.) “Videoconferencing, also known as video medical interpretation (VMI) or video remote interpretation (VRI), has the advantage over telephonic interpretation of preserving visual cues, and it provides the ability to conduct visually based teaching, such as for wound care or use of injectable medications. Both clinicians and patients report the quality of VMI/VRI as equal to in-person interpretation, although in-person may still be superior for understanding cultural nuances. Interpretation error rates for VMI/VRI are significantly lower than for ad hoc interpretation and appear equal to rates for in-person interpretation.” (Karliner, 2018) According to research provided by American Journal of Nursing More than half of nurses viewed the telephone-based system as increasing stress, drawing nurses’ time and attention away from patients, and contributing to the loss of nursing sensitivity about patients. The nurses were largely undecided if the telephone system contributed to overall hospitalization costs. (Marcus DNP, WHNP et al.) “Telephone interpreting costs less, but it has downsides that can influence quality. Medical interpreters cannot see the patients, so they are more likely to miss information that could be helpful in the translation process. It is uncomfortable and inefficient when working with older patients or children. Telephone interpreting is not recommended in situations in which the doctor needs to transmit bad news to patients or care givers a case in which a personal touch could ease the communication between parties. “(Christina, 2019)

Conclusion:

In conclusion, after reading extensive research about nurses who use video-based interpretation compared to telephone based. I believe that video based has a more positive outcome on communication. “Overall, positive perceptions of VRI were significantly higher and negative perceptions significantly lower compared with perceptions of telephone-based interpretation technology. Qualitative findings indicated that VRI technology improved communication and was less time consuming for nurses.” (Marcus DNP, WHNP et al.) Video based interpretation gives the nurse a bigger picture of the patients needs. We go off cues the way patients react to what we are telling them. It easy to tell if they are understanding what we are saying just by their body movement. I believe it is also favored due to the fact if the have like wounds or something they are concerned about us being able to visually see it for ourselves is more reliable than our patients trying to explain what it looks like. I do believe the convenience of the video interpreter saves the nurses time and stress because they are able to focus on what the patient needs and make sure they understand everything that is going on and they are not left out of their care. At the end of the day we want what’s best for our patients and we want them to be in control of their health care and we are their advocates so we have a duty to make sure we are giving the most quality care and communication between everyone is key in that.

Work Cited:

Primary Article:

Cultivating quality: Nurses' perceptions of technology used in language interpretation for patients with limited English proficiency. Cultivating Quality: Nurses' Perceptions of Technology Used in Language Interpretation for Patients with Limited English Proficiency. (n.d.). Retrieved September 19, 2022, from https://www.qgdigitalpublishing.com/publication/?i=670546&article_id=3742344&view=articleBrowser

Secondary Article:

Karliner, L. (2018, April 1). *When patients and providers speak different languages*. Patient Safety Network. Retrieved September 19, 2022, from https://psnet.ahrq.gov/web-mm/when-patients-and-providers-speak-different-languages

Tertiary Article:

Christina. (2019, November 1). *What you need to know about medical interpreting*. Clear Words Translations. Retrieved September 19, 2022, from http://clearwordstranslations.com/language/en/know-about-medical-interpreting/