

Academic Research Essay: How Does Multilingualism Affect Health Literacy?

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According to the Health Resources and Services Information, health literacy is defined as “the degree to which individuals have the capacity to obtain, process, and understand basic health information needed to make appropriate health decisions.” Low health literacy can be caused by a number of factors, one of them being differences in spoken language. For that reason, multilingual individuals living in America whose first or dominant language is not English may have low health literacy. This poses a problem because not understanding or being able to follow a doctor’s orders, inability to make educated health-related decisions, etc. could lead to life-threatening experiences. For example, an individual who has low English proficiency as well as low health literacy may pick up a prescription and read the directions on how to take the medication, yet because of their low health literacy, they may misunderstand the directions and take the medicine incorrectly. They may also be hesitant to ask their doctor if their doctor only speaks English and has not been attentive to their needs in the past. While multilingualism plays a big role in low health literacy, there is a limited amount of research done on the topic. Increased research on how multilingualism affects health literacy will pave the way for better and more accessible health care for multilingual individuals. The language barrier amongst patients and doctors can induce anxiety, cause negative health information-seeking experiences, and inability to fully understand directions given by a doctor which leads to low health literacy.

Multilingual individuals whose first language is not English may have trouble understanding medical instructions or explanations given from a doctor. This, in turn, may induce anxiety and stress in patients. In a research study plan, English speaking individuals and Chinese speaking individuals are included to quantitatively and qualitatively analyze “linguistic elements of the interactions that may contribute to a language barrier, as well as communication-based factors that hinder or facilitate language discordant conversations”

(Meuter et al., 2015). The goal of the study is to show how having a language barrier and not addressing it correctly can hinder the ability for an individual to follow medical directions which can be life-threatening. The author claims that “Language discrepancies may result in increased psychological stress and medically significant communication errors for already anxious patients...” (Meuter et al., 2015). Multilingualism causes language barrier related issues, one of them being an increase in stress and medical communication errors. For individuals who are already stressed due to medical reasons, the idea of talking to a doctor who uses fancy medical jargon may be intimidating and cause further stress.

Multilingualism is also tied to individuals having negative health information-seeking experiences. Health information-seeking is when individuals have the capability and intention of working to find the health related information they need (Chu et al., 2021,). There have been studies where the likelihood of an individual to seek help is decreased after having a negative experience and that negative experiences are more common amongst multilingual individuals. A research study is conducted to analyze the impact of language preference and health literacy on health information-seeking experiences among multilingual and low-income individuals. In the conclusion of the study, the article states that “Negative health information-seeking experiences are very common in non-English speaking populations and those with limited health literacy” (Chu et al., 2021). This means that individuals who do not speak English, and therefore have low health literacy, tend to run into negative experiences when it comes to healthcare. This is an issue because when one has a negative experience while looking for help, it may discourage them to look further for help with any other medical related issue. In chapter nine of Skills and techniques for human service professionals, “Culturally Competent Helping,” the author Edward Neukrug speaks about cultural competence and

cross-cultural sensitivity and says that “Unfortunately, such skills are often lacking, with the result being clients from diverse cultures are frequently misdiagnosed, sometimes spoken down to and other times patronized, have the impact of negative social forces minimized, find the helping relationship less helpful, seek mental health services at lower rates, and terminate helping relationships earlier” (Neukrug, 2002, p. 211). This has to do with the negative information-seeking experiences because it is a similar idea. Both refer to the fact that multilingual individuals who come from different cultures have negative experiences that refrain them from seeking help when needed because of those experiences. The negative experiences are at times due to the language differences amongst patients and physicians and the misunderstandings, misdiagnoses, and failure to meet their needs.

Lastly, not being fluent in English can cause multilingual individuals to misunderstand directions. A cross-sectional study was conducted where parents were shown medicine bottles with prescription labels in English and prescription labels in Spanish. They were then asked to demonstrate how much medicine they would give and how often they would give it, along with answering five questions. In the conclusion of the experiment, the author states, “Few parents with LEP were able to understand routinely dispensed written medication instructions. Pediatricians should not assume that Spanish-speaking Latino parents who are comfortable speaking English will understand a prescription label written in English, or that Latino parents who speak Spanish will understand drug information written in Spanish” (Leyva, M. et al., 2005). The results of the experiment were that most parents did not understand the instructions written on the medicine. A mix up similar to that could cause a treatment to fail or even life-threatening harm. Multilingualism should be taken into account when prescribing or giving

medical direction as well as making sure the patient feels comfortable enough to ask when they do not fully understand something.

Methods

I interviewed a member of my family who speaks Russian, Armenian, and English. The multilingual female in her early fifties is a good candidate for this interview because she speaks broken English and is an immigrant living in America who uses the healthcare system here. I interviewed her about her experiences with health practitioners and how the language barrier affected her. I asked a series of questions and the answers were recorded. I conducted the interview to gain insight on what the American healthcare is like for a multilingual individual with limited English proficiency and if there are any obstacles mentioned by the individual that other sources have not looked into. This research study has some limitations, one of them being that only one individual is being interviewed, so the results are not representative of all multilingual individuals who may have different experiences. For example, the individual that I interviewed has a primary healthcare physician who speaks in her dominant language, so her experiences may be different from a multilingual individual with limited English proficiency who does not have a primary physician who speaks their dominant language.

Results

When asked if she needed a translator when speaking to her doctor, the individual said that her primary physician speaks Russian so she usually does not need a translator. She also said that if a doctor does give her directions in English she is able to understand most of it as long as it is somewhat familiar. However, she asks for a translator at the pharmacy when picking up

medicine because she claims that the “directions on the prescriptions are very descriptive” so she prefers to be told what the directions are aloud, even if it is in English.

The individual was also asked the question “How comfortable are you with reading medical directions in your spoken language?” to which she responded that she understands all medical directions written in Russian but not Armenian.

The individual also said she has never had an experience where she did not know how to follow medical directions because of her limited English proficiency. However, her mother, whose English proficiency level is a lot lower than hers, has. There was an instance where her mother was prescribed medicine with directions to drink it three times a day but she drank it twice every day. It was only after her daughter read the medicine bottle that she realized she was taking the wrong dose of the medication.

When asked “Do you ever feel like you are not making educated health related decisions due to the language barrier?” the individual responded with “Yes.” She said that she prefers a translator when it comes to understanding small details about health related information. For example, when she got the Covid-19 shot, she was sent information about it but it was only in English. It was mandatory for her work and she was not against it, so she got the vaccine. However, she did not feel like she was fully informed and was not making the decision fully on her own.

The individual was also asked for her opinion on if they think anything should change in the healthcare system. She believes that there should be more translators readily available as well as having somebody by a patient’s side, such as a family member, that knows the patient’s situation and emotional help so they can help translate what the patient is saying to the doctor.

Analysis

The individual, as well as others related to her, have clearly experienced negative experiences when working with the healthcare system due to the language barrier. It makes it easier for her that she happens to have a primary care physician who speaks the same language as her. However, when she is in a position where she has to speak to specialist, she prefers a translator. She claims to understand medical direction in her spoken language well. That is important because some translators use medical terms in the spoken language that some individuals may not be familiar with, which could negatively impacts the quality of care received. The language barrier also sometimes makes it difficult for individuals to make educated decisions regarding their health. The individual has experienced that before, one of those times being getting vaccinated, when all the information she was reading was in English. The language barrier made it difficult to comprehend the details on a health related decision she was making.

Conclusion

The individual interviewed mentioned a similar issue that is observed in the article “Health literacy among Spanish-speaking Latino parents with limited English proficiency” (2005), where only “22% correctly dosed the medication” after being given a “medicine bottle with an English prescription label.” The individual that was interviewed recalled a similar experience she witnessed when her mother was taking the wrong dosage of medication. Additionally, this interview introduced the idea that some multilingual individuals may benefit from just having medical directions read aloud to them because sometimes hearing directions out loud can make more sense than trying to make sense of written instructions. Further research needs to be done to indicate how the healthcare system needs to make changes to accommodate multilingual individuals with low English proficiency levels to make sure the right care is given.

Ideally a research study should be conducted with a bigger sample size for the results to be more representative.

Low health literacy can be affected by multilingualism, as multilingual individuals are often not fluent in English. Anxiety can be induced by the language barrier along with impacted negative health information-seeking experiences and inability to fully understand medical directions. The effects of multilingualism on health literacy needs to be researched more so that it is adequately addressed. Languages that others speak needs to be taken into account when giving medical directions, especially in America where there are many different cultures and languages spoken. Miscommunication can lead to avoidable mistakes that can be fatal. By addressing the concerns regarding language barriers, minorities who tend to speak different languages yet need health care support, will get the information they need to make educated health related decisions and receive the care they need.

Works Cited

Meuter, R. F. I., Gallois, C., Segalowitz, N. S., Ryder, A. G., & Hocking, J. (2015).

Overcoming

language barriers in healthcare: A protocol for investigating safe and effective communication when patients or clinicians use a second language. *BMC Health Services Research*, 15(1), 371–371. <https://doi.org/10.1186/s12913-015-1024-8>

- Janet N. Chu, Urmimala Sarkara, Natalie A. Rivadeneira, Robert A. Hiatt, Elaine C. Khoong,
Impact of language preference and health literacy on health information-seeking experiences among a low-income, multilingual cohort. (2021). *Patient Education and Counseling*. <https://doi.org/10.1016/j.pec.2021.08.028>
- Guadagno, L. (2020). Migrants and the COVID-19 pandemic: An initial analysis.
- Leyva, M., Sharif, I., & Ozuah, P. O. (2005, December 1). Health literacy among Spanish-speaking Latino parents with limited English proficiency. *Ambulatory Pediatrics*. Retrieved November 22, 2021, from <https://www.sciencedirect.com/science/article/pii/S153015670560007X>.
- Andrulis, D. P., & Brach, C. (2007). Integrating literacy, culture, and language to improve health care quality for diverse populations. *American journal of health behavior*. Retrieved November 22, 2021, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5091931/#R4>.
- Kostareva, U., Albright, C. L., Berens, E.-M., Polansky, P., Kadish, D. E., Ivanov, L. L., & Sentell, T. L. (2021). A multilingual integrative review of health literacy in former Soviet Union, Russian-speaking immigrants. *International Journal of Environmental Research and Public Health*, 18(2), 657. <https://doi.org/10.3390/ijerph18020657>

Lau, M., Avila, R., Lin, H., & Flores, G. (2011, February 1). 26. the primary language spoken at

home and disparities in medical and oral health, access to care, and use of services in US adolescents: Has anything changed over the years? *Journal of Adolescent Health*.

Retrieved November 22, 2021, from

<https://www.sciencedirect.com/science/article/pii/S1054139X10005896>.

Learning, L. (2016). Reading anthology: Three levels. Predictors of English Health Literacy

among U.S. Hispanic Immigrants: The Importance of Language, Bilingualism, and Sociolinguistic Environment | Reading Anthology: Three Levels. Retrieved November 22, 2021, from

<https://courses.lumenlearning.com/suny-wm-readinganthology/chapter/predictors-of-english-health-literacy-among-u-s-hispanic-immigrants-the-importance-of-language-bilingualism-and-sociolinguistic-environment/>.

Neukrug. (2002). Skills and techniques for human service professionals : counseling environment, helping skills, treatment issues. Brooks/Cole.