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World Language Medical Interpretation Courses in Nursing: Reasons for Incorporating, Diversifying and Implementing Medical Terminology Courses

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Method: An online survey was administered to 110 nursing students in one southeastern university and 50 healthcare providers in a southeastern healthcare facility.

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Conclusion: Foreign language courses such as medical language interpretation into nursing education can be vital for nursing student's development, future job satisfaction and patient care. The findings of this research were used to develop to redesign a language course: *Medical Interpretation During World Pandemic*.

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I. INTRODUCTION

The inclusion of foreign language courses such as medical language interpretation into nursing education can be vital for nursing student's development, future job satisfaction and patient care. According to Colina (2006), interpretations courses are student centered and its primary aim is to meet all students at their current language skill level. The National Board of Certification for Medical Interpreters has been serving as guidance and standards for such courses since 1986 (Neubert, 2000). Medical language interpretation courses are a foundation for students to become conversational in a medical setting, to gain practice independence and better communicate and understand the needs of patients and families; it is a way to gain a broader perspective of the communities they serve, work and live in (Richards, 2008; Calleja & Quach 2021). World languages courses can offer

opportunities for nurses to challenge themselves and help them become new emerging leader, leaders that are prepared for honors programs and graduate programs through the life experiences and academic challenges that medical interpretation courses bring about (Kiraly, 2000; Patillo, 2015; Lewis et al., 1997). In fact, language interpretation courses prepares students to further develop their ability to analyze complex linguistic connections that they can latter utilize across disciplines such as those presented in honors courses while conducting professional research agenda (Calleja, 2018; William & Snider, 1992). In addition, medical interpretation nursing students are capable of not relying on third parties to communicate on their behalf (Rayburn, 2017). The aim of this study is to answer why we need medical language interpretation courses in nursing, how is it beneficial to the nurses, patients and hospitals, and why caring for all stakeholders begins by properly caring for nurses and their education programs.

II. LITERATURE REVIEW

Medical language interpretation courses are a path for nurses to participate in exceptional and demanding cross-curricular courses that often times result in the participation of researches that are interdisciplinary in nature (Calleja, 2019). These courses, which expose nurses to patients of all regions of the world, are highly valued by graduate programs and institutions. In addition, these types of course commonly are stated as one of the top reasons as to why nurses peruse graduate courses and enjoy a healthier relationship with their professions (Altman et al., 2016; Calleja, 2014; Dos Santos, 2021). The National Board of Certification for Medical Interpreters (NBCMI, n.d.) has set standards that guide students and institutions on the certification process of students in six languages. There is not a lot of published scholarly work about nurses and their experiences in medical interpretation courses, but the published scholarly work demonstrates challenges and benefits of nurse's participation in such courses (Gile, 2009).

III. CHALLENGES OF MEDICAL LANGUAGE INTERPRETATION IN NURSING PROGRAMS

The implementation of medical language interpretation courses in nursing programs bring about

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new facets that challenges the retention and possible recruitment of nursing students. The new and different curricula presents challenges such as securing enough bilingual faculty to teach these classes, proximity to health care center with a high volume of non-English speaking population and financial resources to secure high-tech equipment to stay up to date with fast evolving technology (Colina, 2003). In addition, there are common challenges for both faculty and students, one of them being the lack of time and opportunities to practice, specifically in areas with a less diverse population. Medical language interpretation courses in nursing would have to be taken along with all clinical courses and general education courses (Angelelli, 2008). Despite the fact, medical language interpretation do not required anything special in comparison with the already structure and demanding nursing courses. Students of nursing worry that studying a foreign language while attending nursing school will impede their progress due to stress and possible lower grades (Gile, 2009; Halcomb et al., 2018; Squires, 2018).

IV. BENEFITS OF MEDICAL LANGUAGE INTERPRETATION IN NURSING PROGRAMS

Although medical interpretation courses are challenging in nature, nurses that participate in these courses gain experiences and benefits that are exclusively related to world language and a diverse patient population, thus achieving diversity, equity and inclusion in our medical system. Throughout medical language interpretation courses, nurses become accustomed with how to care for patients' needs from other part of the world (Tuohy, 2008), practice safe guideline measures as well as conduct scholarly endeavors. Physicians and nurses at the University of California San Francisco have confirmed that even with limited or low proficiency in a foreign language taking medical interpretation courses helps them acquired communication skills proven vital to their careers (Diamond et al., 2012). Medical language interpretation courses in nursing promotes critical thinking, assertiveness, bring a worldwide view into any nursing team, foster a world class health care professional as well as develops a greater sense of judgment and job satisfaction (Bischoff et al., 2003; Calvillo et al., 2009; Fatahi et al., 2010; Orland-Barak & Wilhelm, 2005; Rayburn, 2017). Nurses who earn a medical interpretation minor with their Bachelor of Science in Nursing will have maximized their knowledge in their field and have increased worldwide professional career opportunities (Wu et al., 2021). In fact, nurses who were receiving their medical interpretation minor or were participating in professional foreign language courses had higher rate of participation in international work experience (Boschoff & Hudelson, 2010).

World language departments have the sole responsibility of developing, designing and coordinating medical interpretation programs with the different colleges and health care facilities in order to prepare nurses as a trained medical interpreter (Calleja, 2019; Tuot et al., 2012). The participation of nurses in these programs, that are programs research based in nature and often time part of honors curricula, will give nursing students a set of skill and experiences that will position them above their class pool, thus making them a greater asset to any team and healthcare facility (Chan et al., 2010; Lewis et al., 1997). The nature of practicing research in language courses, combined with the practicum aspect of medical interpretation courses, gives nurses a path to analyzed, practice and expand critical communication skills with patients at the same time allowing them to complete work for their core curricula (Wu et al., 2021). Research and practicum that takes place within the medical interpretation courses has proven to be a critical asset in roles such as critical care nurses, practitioners nurses and clinical nurses, students of all areas in health care can applied experiences from these type of curricula towards future careers (Wu et al., 2021).

Nurses must be helped throughout the language learning process by a faculty expert in language acquisition to facilitate their level of language development. According to Diamond et al. (2012), the significance of the role that the language acquisition expert plays is vital. Although a faculty expert help student learn medial terminology and medical expressions, having a language acquisition expert also introduces nurses to the roles of a mentor and future instructor (Calleja, 2019; Lewis et al., 1997; Salavati et al., 2019). Partnership throughout nursing and world language classes, such as medical interpretation courses, can help students with their process towards graduation in identifying that they are not alone and how valuable their jobs are, thus helping them achieve a nursing degree with a medical interpretation certification.

Literature demonstrates that nurses that graduated with a language medical interpretation certification recognize professional advantages, such as more patient care exposure, research exposure and exposure to a diverse patient population. Notwithstanding advantages, nurses and other health care providers also recognize challenged in choosing to pursue a certification in medical language interpretation along with their healthcare degrees, such as lack of time to practice the language outside the classroom or healthcare facility. There are challenges that prevents the understanding of what stimulates nurses and healthcare providers to pursue medical interpretation programs and what kind of resources helps them stay committed throughout the duration of their education. To address these challenges, it is imperative to gain knowledge from nurses and health care workers

themselves into why they enroll in medical language interpretation programs, their motives from withdrawal, and what elements may have assisted their perseverance in such programs.

V. METHOD

Nursing students enrolled in a language medical interpretation program at one southeastern university of the United States and healthcare workers in a southeastern hospital of the United States were requested to participate in an electronic survey concerning why students enroll in these programs, why they withdraw from these programs, and what kind of improvement could be made to facilitate the expansion of these kind of programs. The survey taken by nursing students, nurses and other healthcare providers was developed based on literature and examined by experts. There was no additional validity or reliability established and approvals were not needed and no personal data was collected.

The survey included 110 students enrolled in the language medical interpretation minor from spring 2020 to spring 2022 and 50 healthcare providers employed at a health care facility during January 2020 until January 2022. The students were selected due to have been part of the language medical interpretation program at some point during their nursing degrees and the healthcare providers were selected by an internal hospital survey due to have been part of language medical language courses during their careers. The research team included a doctor and a register critical care nurse, two professional with more than a decade in health care, research and education experience with ample and vast knowledge in assessment and survey design. The survey was circulated by internal email, campus mail, it was administered via Qualtrics Core XM software, and the survey was sent to 110 students and 50 healthcare workers. Forty-seven students and fifteen health care workers completed the survey; answering the survey meant to provide consent for results only to be share. Emails were sent as reminders on January 7, 2022 and February 11, 2022. All date from the surveys was analyzed in aggregate after being deidentified.

VI. RESULTS

Sixty-two participants complete the survey, which prompted a level of response yielding at 38%. The participants who answered the survey consisted of 23 first year nursing students (37.1%), 9 second year nursing students (14.5%), 7 third year nursing students (11.3%), 8 fourth year nursing students (12.9%), 5 three years nurses (8.1%), 4 five years nurses (6.5%), 2 ten years nurses (3.2%), 3 three years doctors (4.8%), and one five years doctor (1.6%). Participants' ages ranged from 18 to 41 years old, averaging 22.5 years. Forty-eight of the participant that answered the survey chose

to remain and pursue medical language interpretation courses (77%), while 14 participants abandoned their language courses (23%).

Participants were asked to select from a variety of multiple options the reason they identify was the main factor in their decision to enroll in medical language courses. The options presented in the survey included being able to speak to patients directly, broader understanding of the community, being able to properly care for all patients and families, leadership opportunities, learn about different patient population, opportunities to practice nursing overseas, pre-admission into graduate programs, future job satisfaction, self-development/self-care; participants were given the freedom to write out alternative answers. The primary reasons as to why participants enroll in medical language interpretation courses were being able to properly care for all patients and families (n= 49, 79%) and being able to speak to patients directly (n= 51, 82.3%). The least reason as to why participant were less likely to enroll in medical language interpretation courses was for opportunities to practice nursing overseas (n=5, 8%). All the other options presented to the participants were selected in the 40% to 50% range.

Participants answered whether they had withdrawn from their medical language interpretation courses. Fourteen participants answered that they had discontinued their enrollment in these courses, while forty-eight decided to stay enroll or completed their studies in medical language interpretation. The 48 participants that were enrolled or completed language courses answered a series of questions to recognize what their hopes and aims were from medical language interpretation programs. The choices given in the survey were: being able to speak to patients directly, being able to fully understand patient medical condition, being able to educate the patient and prevent future health condition, avoid miscommunication, gain cultural understanding of the community at large and practice an inclusive, equitable and diverse medical practice. The most commonly selected answer was being able to speak to the patient directly (n=29, 60.4%). The second most commonly selected answer (n=23, 47.9%) was being able to educate the patient and prevent future health condition. The least selected answers were avoid miscommunication (n=15, 31.3%) and gain cultural understanding of the community at large and practice an inclusive, equitable and diverse medical practice (n=9, 18.8%).

All participants were informed that there is a current effort to build a case for adding medical language interpretation courses in foreign language as part of nursing programs in order to help nurses with their future career satisfaction, care, and communication with their patients. Participants were asked about their preferred method of instruction for these courses.

Participants answered in a 64.5% that in-person (traditional in class seating form of instruction) is their preferred method, hybrid mode was selected in a 29% (in person classes with the option to be access live instruction via web-instruction), and online courses was chosen in a 6.5% (asynchronous, instruction via a web system through videos, and online programs).

The 62 survey participants were asked to complete a Likert-type question to identify resources that should or could benefit the selection and completion of medical language interpretation courses in nursing and other health care professions. Resources that the participants could choose were: Combining clinical hours with practicum hours of medical language interpretation course, samples of retired midterm and final exam for guidance, uniform courses across all sections, nearby sites to practice listening and oral proficiency, language tutors with ample availability, prominent resources outside textbook, access to materials that are technology friendly, and in class time to practice the language. All the participants (100%) agreed or strongly agreed that clinical hours should be combine with practicum hours of medical language interpretation courses. Fifty-eight participants (93.5%) expressed that they agreed or strongly agreed on uniform courses across all sections, and 52 participants (83.9%) indicated that having nearby sites to practice listening and oral proficiency was very important.

All 62 participants were ask to answer a series of short-answer questions. The three questions that received the most amount of feedback in terms of depth, length and articulation of thought and ideas were the following: what they thought about the role of textbooks, the availability of language tutors, and access to technology friendly materials within their language courses. Healthcare workers (nurses and doctors) expressed the importance of availability to live tutors (web and in person) at different times of the day. Nursing students expressed how imperative it is to have technology friendly materials and adequate resources outside the textbook. There were no reported resources mentioned besides those that were given to participant in the survey.

VII. DISCUSSION

This research addressed the importance of adding medical language interpretation courses to nursing and other healthcare professions, why students and healthcare workers decided to enroll, complete and or exit these courses, and what kind of resources would be beneficial to have in order make these courses part of nursing and other healthcare curriculums. In this research participants pointed out that they enrolled in medical language courses to be able to educate the patient and prevent future health condition and also to be able to speak to the patient directly. These reasons,

specifically being able to speak to the patient directly, educate the patient, and prevent future health condition, are associated with the previously published reason why interpreters are needed in the healthcare setting (Angelelli (2008).

Participants in this survey were less likely to enroll in medical language interpretation courses just for seeking opportunities to practice nursing overseas, which proves different from other research findings (Angelelli, 2008; Boschoff & Hudelson, 2010; Tuohy, 2008; Wu et al., 2021). This result may be due, in part, to vast and diverse population of the area in which the research was conducted. In this research, participants were most likely to complete and continue their world language education due to the immense value placed on communication, safety and community building, which is aligned with other studies results (Angelelli, 2008; Calleja, 2019; Chan et al., 2010; Diamond et al., 2012; Lewis et al., 1997; Wu et al., 2021).

While these findings reflect current nursing students from one university of southeastern United States and healthcare workers of one hospital located in Southeastern United States, these findings also should benefit future nursing students and students from other healthcare areas. The findings of this research were used to develop to redesign a language course: *Medical Interpretation During World Pandemic*. This course is the product of a compilation of all feedback and data collected throughout this research that the students could use to further their language and interpretation skills. The resources this course bring to student are: live tutors in order to help students succeed and develop the language, a weekly plan to course work and practice language outside the classroom, access to online tools for language practice and a standard based curriculum approach as explained in Calleja (2019).

There are areas of opportunities to grow in this research. One area of opportunity is the participant sample, as it is only nursing students and healthcare workers from one university and one hospital of the southeastern of the United Sates, which in terms could be seeing as self-limiting. This research, at a glance, is the first effort in our motivation to provide a solid foundation for the inclusion of medical language interpretation course into nursing curriculum and understanding what motivates students to choose and continue with foreign language courses while attending nursing school and other healthcare mayors and minors. Further study needs to take place in order to better assess and understand what makes students persist or desist in language courses when these are combined with their nursing and other healthcare professions so that new and innovative tools can be developed and tasted. It will be then when we can empower our findings and continue to forge a path towards a state and future national model of inclusion,

diversity and equity of medical language courses in nursing and healthcare professions at large.

VIII. CONCLUSION

The inclusion of foreign language courses such as medical language interpretation into nursing education can be vital for nursing student's development, future job satisfaction and patient care. This research addressed the importance of adding medical language interpretation courses to nursing and other healthcare professions, why students and healthcare workers decided to enroll, complete and or exit these courses, and what kind of resources would be beneficial to have in order make these courses part of nursing and other healthcare curriculums. The findings of this research were used to develop to redesign a language course: *Medical Interpretation During World Pandemic*. Future work will be focused on assessment, coordination of tutoring and use of the language inside and outside the classroom. Furthermore, the results of this research will help students and professors have open dialogue about obstacles and what resources can be utilized in order to overcome those obstacles while learning medical language interpretation in nursing and any other healthcare career.

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