

# A SURPRISING HEALTH SPEAKERS OF ENGLISH SUPPORT NETWORK

A Surprising Health Resource for Non-Native Speakers of English: Advocating Social Support Networks in Medical Encounters

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In their book, *Health Communication: Theory & Practice*, Kreps & Thornton (1992) maintain that medical translators can be valuable resources in facilitating communication between doctors and their patients who speak English as a second language. However, when translators are not available, the authors give physicians the following five suggestions for working with ESOL patients:

- 1) Speak slowly and make sure that the session lasts as long as necessary.
- 2) Make the sentence structure simple, but not simplistic.
- 3) Avoid technical terms (for example, use "heart" rather than "cardiac").
- 4) Do not assume the client understands but ask the client to explain and paraphrase.
- 5) Involve family and friends and a social support system (p. 174).

An increasing number of patients who visit doctors' offices each year speak English as a second language. This trend presents a challenge for medical professionals to do their best to overcome language barriers and provide the best medical care possible. While medical interpreters and other support professionals are invaluable team members in this effort, available resources do not always allow for these services. When this situation occurs, patience and good listening skills are of paramount importance to medical professionals. However, another area which can provide assistance in these encounters is often overlooked — the role of social support. This article highlights Kreps & Thornton's fifth suggestion dealing with the importance of patients' social support systems when seeking health care. Educators who work with non-

native speakers are in a unique position to help implement their students' social support networks in health care situations.

Medical professionals have started to acknowledge the importance of non-biological factors such as *social support* in issues of health and wellness. Social support is defined as an exchange of



resources between individuals that is intended to enhance the well-being of the recipient. One of the largest epidemiological studies ever conducted found that over a period of 25 years, social support networks contributed to reduced mortality rates for both men and women (Schoenborn, 1993). People who have well-established social networks recover from surgery faster, require less pain medication, and are less likely to experience recurrence from some types of chronic illnesses such as cardiovascular disease (Kulik & Mahler, 1989). Social support is provided through a variety of avenues, most commonly by family members, friends, organized support groups, and health care professionals. It may consist of emotional support (demonstrating affection and empathy), instrumental support (assisting with physical tasks or chores), and informational support (seeking and providing information).

Language barriers present special problems for non-native speakers who seek health care in the U.S. Not only are these at-risk patients dealing with the typical issues of confusing insurance forms, uncertain health outcomes, and a somewhat intimidating medical establishment, but the social networks on which they depend are often fragile, misunderstood, and/or underutilized. To best facilitate social support and its related health benefits, it is vital that the role of social ties in the life of the patient be well-understood, that at-risk patients be encouraged to involve family members as advocates in the health care process, and that necessary support services be made accessible to non-native speakers.

## Understanding the Role of Social Ties

The first step in cultivating the patient's social support network is to understand its distinctive nature from within the patient's culture of origin. Because of their extended contact with non-native speakers, ESL educators are in a better position to gain this understanding than are many health care providers who see their patients only briefly. Doctor-patient communication can be complicated enough, but when the use of English is strained, the patient may rely heavily on family or friends for assistance in medical encounters. Some health care providers may not be accustomed to dealing closely with a patient's extended family. What must be recognized is that in many cultures, the family takes an extremely active role in the decisions of its individual members. The ESL student and his or her family should be instructed to explain this to the health care providers who often find themselves communicating with a group of concerned clients, rather than with just one patient.

For example, many Asians place great importance on the family's role in healing. It is not unusual to see a person of Korean origin visiting the doctor's office accompanied by a group of involved family and friends. Taking it one step further, some Japanese-Americans believe that a poor prognosis should be communicated only to the family and not to the patient at all. One's *miuchi*, or "inner circle" is characterized by a social and emotional dependency that should not be excluded from consideration of patients of Japanese origin (Long, 1993).

To furnish the best care, health care providers must understand the broader context of social relationships that comprise the social support networks of non-native speakers. When possible and desired by the patient, family members should be allowed to participate in the patient's health care decisions. In many cases, involving a family member on the patient's behalf can improve the patient's care and, ultimately, their health outcome.

#### Encouraging Social Network Involvement

Patients who are non-native speakers of English may require the services of an interpreter or social service professional. While a professional's services are highly valuable, some patients may be hesitant to discuss sensitive medical issues with their physicians, much less with additional support personnel such as medical translators. In these cases it can be helpful to encourage patients to engage another family member as a health care advocate. For example, this process may be appropriate for many Hispanic patients who customarily seek the consent of the eldest family member when pursuing medical treatment.

The best case scenario is one where the patient recruits a family member who is not only proficient in English, but who has a working knowledge of our health care system — including health care delivery, insurance, maintenance, and prevention. It is especially difficult for non-native speakers to be thorough in investigating their medical options. Convuluted medical terminology can obscure the understanding of any layperson. In addition, the inherent authority of white lab coats and hospital bureaucracy can intimidate patients into complacency. A trusted family member may be more alert and assertive on the patient's behalf at times when the patient is most vulnerable.

ESOL educators can assist in this process by talking informally with the students' family members about what might be expected during medical encounters. Even as a medical layperson, educators can provide assistance with common medical terms and general descriptions of health procedures—a service which can demystify the process considerably and help the family member to be a more competent advocate to the patient. Teachers can help patients and their advocates become familiar with some of the forms they will have to fill out for a hospital admission or other health care contact. Simply contact the health care provider ahead of time to obtain sample forms.

Finally, if a friend or family member is to be present for examinations and discussions with health care providers,

patients should be encouraged to clearly communicate their desire to involve this person in the health care process. Because medical professionals must adhere to confidentiality restrictions, patients might have to sign a release to allow their records to be accessed by another person.

### Making Support Services Accessible

When English is not a native language, patients may have difficulty seeking and requesting social support, including the established programs offered through medical, legal, non-profit, and government groups. Available sources of social support such as peer support groups, information networks, and assistance programs should be accessible and made known to at-risk patients. Especially if bilingual health professionals are not available, teachers can help to bring these resources to the attention of at-risk patients, who may not be very comfortable in seeking out assistance in English. ESOL educators can provide an enormous service to their students by having information about common health problems on-hand or being aware of how to access health information resources. Teachers can establish libraries of such materials, in English or in other languages, simply by requesting them of health care providers.

Kreps and Thornton (1992) were correct in pointing out that the services of medical translators are not always provided to patients seeking medical care in the U.S. Utilization of social support networks can offer an alternative solution when these services are not available. Networks of family and friends have one additional advantage over service professionals, however, in that these groups of people share a life with the patient and may be accessible during more hours of the day. Finally, in many cases, the support of a friend is simply indispensable when one is sick — it is no wonder that compassion and understanding have proven to lead to good health.

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